

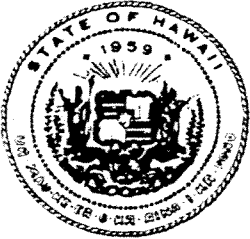
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Did you know.....

- ✓ A supervisor is **not** required to create "light duty" positions or to reallocate **essential** job functions?
- ✓ **Reasonable accommodations** include modification or adjustment of the application process to enable qualified individuals with disabilities to apply, making facilities readily accessible to and usable by persons with disabilities, modifying work schedules, reassignment to a vacant position, reallocating **non-essential** job functions, and acquisition or modification of equipment or devices?
- ✓ A supervisor is **not** required to provide a reasonable accommodation if it would create an undue hardship for the employer? Terms of a collective bargaining agreement may be relevant in determining whether a particular accommodation would cause undue hardship, but they will not be determinative of that question. **The duty of reasonable accommodation is situation-specific.**
- ✓ Technical Assistance Documents are available in "**The ADA Best Practices Tool Kit for State and Local Governments**" which can be downloaded from <http://www.ada.gov/pccatoolkit/toolkitmain.htm>?
- ✓ Limited English Proficiency (LEP) is a form of National Origin Discrimination? **Interpreters must be provided free of charge.** Use of family members and/or minors as interpreters is discouraged. In cases where an applicant chooses to have a family member or minor interpret for them, it is necessary to document in the record that a free interpreter was offered and declined by the applicant/client.
- ✓ Agencies that fund Department of Human Services programs and activities **require that certain notices** be placed in all offices visible to the public. These posters (including a poster in 21 languages for requesting an interpreter) may be obtained from your Divisional Limited English Proficiency Task Force representative.
- ✓ Harassment is unlawful when it is (1) based on a protected factor, (2) alters terms and conditions or (3) creates hostile work environment?
- ✓ As a supervisor you can set the standard for avoiding harassment by (1) educating and monitoring, (2) listening and investigating, (3) taking corrective action.
- ✓ Employees, applicants, clients and potential applicants and clients must be notified in writing of their right to file **concurrent complaints** based on discrimination in **employment or services**?
- ✓ Guidance and forms for filing a **discrimination complaint** can be found in DHS Policies and Procedures 4.10.1, July 12, 2007?
- ✓ DHS' **Harassment Policy** can be found in 4.10.2, September 2007?
- ✓ DHS' **Opportunity to Participate in Programs, Services and Activities** policy can be found in 4.10.3, September 2007?
- ✓ DHS' Civil Rights Compliance Staff (1) provides technical and advisory services to supervisors regarding standards and requirements of civil rights laws, rules and regulations, (2) investigates civil rights complaints, (3) develops departmental policies, procedures and plans related to civil rights matters and (4) serves as departmental liaison for all civil rights-related matters?

FOR FURTHER INFORMATION CONTACT: gwatts@dhs.hawaii.gov (808) 586-4955

	Department of Human Services POLICIES AND PROCEDURES MANUAL		Number 4.10.1	Page 1 of 6
	Subject DEPARTMENTAL DISCRIMINATION COMPLAINT PROCEDURE		OPR Personnel Office	
			Issue/Revision Date JUL 12 2007	

INTRODUCTION

1.0 PURPOSE

To establish a timely, uniform, and effective means of resolving internal discrimination complaints filed by employees, former employees, applicants for employment and service applicants/recipients. This is to enhance the morale and efficiency of employees, and to encourage public confidence in the Department's commitment towards providing services and benefits exclusive of discriminatory practices.

2.0 REFERENCES AND DEFINITIONS

2.1 REFERENCES

- a. Title VI and VII of the Civil Rights Act
- b. Equal Pay Act
- c. Age Discrimination in Employment
- d. Age Discrimination Act (services)
- e. Section 503 and 504 of the Rehabilitation Act
- f. Titles I and II of the Americans with Disabilities Act
- g. Section 402 of the Vietnam Era Veterans' Readjustment Assistance Act
- h. Civil Rights Restoration Act
- i. Executive Order 11246, as amended
- j. Hawaii Revised Statutes Chapter 76, 78, 371 and 378, Part I
- k. and others

2.2 DEFINITIONS

- a. Applicant for employment - Any person who submits a written application for State employment with the Department of Human Services.
- b. Complaint - An informal or formal (written) claim of discrimination which indicates that a person or group of persons were treated differently, or adversely impacted by action(s) of the DHS, based on one or more memberships in protected groups.
- c. Complainant - Any person who alleges discrimination in the employment process, or in the provision of services and/or benefits.
- d. Department - Department of Human Services

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- e. Discrimination - Any action(s) or lack of action(s) by the DHS, which results in disparate treatment or has an adverse impact on a person or group of persons, on the basis of one or more memberships in protected groups.
- f. External Enforcement Agencies - Government agencies which enforce statutes prohibiting discrimination, and which are responsible for receiving, investigating and adjudicating discrimination complaints. Federal agencies include, but are not limited to, The U.S. Equal Employment Opportunity Commission, U.S. Department of Justice, U.S. Department of Labor, Office of Federal Contract Compliance Programs, and any other federal agency from which the Department receives funding. The State agency is the Hawaii Civil Rights Commission.
- g. Factors Protected by Law - Characteristics of a person or group of persons, which are protected under civil rights laws. For employment, these factors include race, color, national origin, sex, religion, age, disability, arrest and court records, sexual orientation, marital status, veteran status and assignment of income for the purpose of child support obligations. Services, factors include, race, color, national origin, age, sex, religion, disability status, and political beliefs.
- h. Respondent(s) - Any person or group of persons alleged to be responsible for discrimination.
- i. Service Applicant/Recipient - Any person applying for, having the potential for applying, or receiving program benefits or services provided by the Department.

3.0 POLICY

It is the policy of the Department that all employees, former employees, applicants for employment and service potential applicants or applicants/recipients be provided an equal opportunity in the employment process and in the provision of services. In keeping with this policy, complaints of discrimination are to be processed fairly and promptly.

Individuals filing a complaint, or participating in the complaint process have the right to:

- a. Representation by legal counsel, union agent, if appropriate, or designee of their choice.
- b. Confidentiality, provided such confidentiality does not impede the process of fairly and thoroughly investigating the complaint. (An individual will be asked to complete a Consent/Release Form—see APPENDIX B)
- c. Freedom from restraint, interference, coercion, or retaliation in presenting complaints or in providing information in the resolution of problems or complaints.

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- d. Forego this internal complaint process and file a complaint directly with an appropriate external enforcement agency.
- e. Alternative means of participation, such as the provision of an interpreter (e.g. sign or other language), written material in large print, and other reasonable modifications, free of charge.

4.0 SCOPE

This policy and procedure shall apply to all employees, former employees, applicants for employment and potential applicants or applicants/recipients for services provided by the Department.

5.0 RESPONSIBILITIES

5.1 DEPARTMENT HEAD (DIRECTOR)

The Department Head is responsible for the establishment, modification and implementation of the departmental uniform complaint procedure. The Department Head may designate these functions to others.

5.2 PERSONNEL OFFICER

The Personnel Officer shall monitor and oversee the application of this policy and procedure and provide staff services to the Department Head.

5.3 CIVIL RIGHTS COMPLIANCE STAFF

The Civil Rights Compliance Staff (CRCS) of the Personnel Office, shall be responsible for providing technical guidance to management personnel in the resolution of informal discrimination complaints. The CRCS shall also be responsible for receiving, processing and investigating formal internal discrimination complaints.

5.4 MANAGEMENT PERSONNEL

Management Personnel, in consultation with the CRCS, shall be responsible for receiving and resolving informal discrimination complaints by employees and potential service applicants/recipients.

5.5 COMPLAINANTS

Complainants shall follow the provisions of the policy and procedures contained herein.

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6.0 PROCEDURES (Departmental)

6.1 EMPLOYMENT COMPLAINTS

a. Informal Complaints

1. Employees who believe they have been discriminated against, may discuss the matter with their immediate supervisor, division administrator or designee (i.e. management personnel). If employees elect to proceed through the informal complaint process, they should do so within thirty (30) days from the most recent incident of alleged discrimination.
2. Complainants shall be informed that they may forego the informal complaint process and file a formal written complaint directly with the CRCS.
3. After discussing the situation with Complainant, management personnel shall consult with the CRCS in order to conduct an appropriate investigation; prepare a written response to Complainant summarizing the investigative findings; and take remedial measures, if necessary, to address the situation.
4. If the matter is not resolved to Complainant's satisfaction, Complainant may file a formal complaint with the CRCS, in accordance with the procedures outlined below.

b. Formal Complaints

1. Employees or applicants for employment, may file a formal internal complaint in writing with the CRCS. Complaints must be filed within ninety (90) days from the most recent incident of alleged discrimination using the "Departmental Discrimination Complaint Form" (APPENDIX A).
2. Upon receipt of a written complaint, the CRCS shall conduct a fact-finding investigation. The investigation shall include, and is not limited to, contacting the Complainant to clarify or obtain additional facts relative to the complaint, and obtaining information from individuals with apparent knowledge of Complainant's allegations.
3. Upon completion of the investigation, the CRCS shall prepare a written summary of the investigative findings for the Department Head's review

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4. The Department Head shall review the evidence and render a decision in writing, with copies to Complainant and Respondent(s). The decision shall include:
 - (a) Reasons and explanation for the decision; and
 - (b) Alternative avenues of recourse available to Complainant.
5. If the investigation confirms that discrimination occurred, the Department will take immediate corrective action.
6. If complaint is not resolved to Complainant's satisfaction, Complainant may appeal to an appropriate external enforcement agency. Complainants shall be advised that they have a timeframe of 180 days to file a complaint with the Hawaii Civil Rights Commission and 300 days to file same with the Equal Employment Opportunity Commission. Complainants must be advised that they can file concurrent complaints.

6.2 SERVICE COMPLAINTS

a. Informal Complaints

1. Service Applicants/Recipients or potential applicants who believe they have been discriminated against in the application for, or provision of services, may discuss their concerns with the unit supervisor, division administrator, or designee (i.e. management personnel). If Service Applicants/Recipients elect to proceed through the informal complaint process, they should do so within thirty (30) days from the most recent incident of alleged discrimination.
2. After discussing the situation with Complainant, management personnel shall consult with the CRCS in order to conduct an appropriate investigation; prepare a written response to Complainant summarizing the investigative findings; and take remedial measures, if necessary, to address the situation.
3. If the matter is not resolved to Complainant's satisfaction, a formal complaint may be filed with the CRCS, in accordance with the procedures outlined below.

b. Formal Complaints

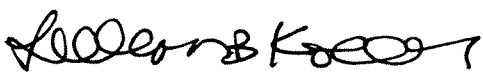
1. Service Applicants/Recipients, or potential applicants, may file a formal written complaint with the CRCS, within ninety (90) days from the most recent incident of alleged discrimination, using the departmental "Discrimination Complaint Form."

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2. Upon receipt of a written complaint, the CRCS shall conduct a fact-finding investigation. The investigation shall include, and is not limited to, contacting the Complainant to clarify or obtain additional facts relative to the complaint, and obtaining information from individuals with apparent knowledge of Complainant's allegations. These individuals will be asked to complete a Consent/Release Form, APPENDIX B.
3. Upon completion of the investigation, the CRCS shall prepare a written summary of the investigative findings for the Department Head's review.
4. The Department Head shall review the evidence obtained during the investigation and render a decision in writing, with a copy to Complainant and Respondent(s). The decision shall include:
 - a. Reasons and explanation for the decision; and
 - b. Alternative avenues of recourse available to Complainant.
5. If the investigation reveals that discrimination occurred, the Department shall take remedial measures to ensure that Complainant is afforded an equal opportunity to participate in, and benefit from its programs, services and activities.
6. If the matter is not resolved to Complainant's satisfaction, an appeal may be made to an appropriate external enforcement agency.

7.0 IMPLEMENTATION

This Discrimination Complaint Procedure shall be effective as of the date of approval and shall remain in effect until cancelled or superseded by order of the Director.

APPROVED: 
Lillian B. Koller, Director

STATE OF HAWAII
Department of Human Services

DISCRIMINATION COMPLAINT FORM

NAME	SS NO. (Last 4 digits only)	PHONE (Business)	PHONE (Home)
------	--------------------------------	---------------------	-----------------

STREET ADDRESS	CITY/STATE	ZIPCODE
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EMPLOYER (Division/Unit) if applicable _____

1. JOB TITLE, if applicable _____

2. BASIS OF ALLEGED DISCRIMINATION (Choose appropriate item/s)

— Race/color	— National Origin/Ancestry	— Retaliation
— Sex/Gender	— Breast-Feeding	— Marital Status
— Religion	— Arrest/Court Records	— Age
— Disability	— Child Support Assignment	— Citizenship
— National Guard Absence	— Sexual Orientation	— Political Belief

3. Explain briefly what, if anything, you have done about the alleged discrimination.

4. Does your complaint concern alleged discrimination in services delivery? ☐ Yes ☐ No

5. Does your complaint concern alleged discrimination in employment? ☐ Yes ☐ No

6. Is the alleged discrimination against you? ☐ No ☐ Yes, By whom? _____

Discrimination Complaint Form
Page 2

7. Please explain how and why you believe you were discriminated against. Please be SPECIFIC. Please include names, dates, witnesses and places of the incident/s.

(Attach additional sheets if you require more space.)

8. Is the alleged discrimination against others? ☐ No ☐ Yes, please list, name(s), addresses(s) and phone number(s).

9. What is the specific date or period of time of the alleged discrimination?

10. Please indicate the relief/remedy you are seeking.

11. I will notify DHS, Personnel, CRCS, P.O. Box 339, Honolulu, HI 96809-0339, if I change my address or telephone number. I swear or affirm that I have read the above statements and that they are true to the best of my knowledge and belief.

PLEASE COMPLETE, REVIEW, SIGN, DATE AND RETURN TO ABOVE ADDRESS.

Signature _____ Date _____

The purpose of this form is to assist you in filing a complaint with the Department of Human Services. You are not required to use this form, a letter with the same information is sufficient.
HOWEVER, THE INFORMATION REQUESTED ABOVE
MUST BE PROVIDED, WHETHER OR NOT THE FORM IS USED.

(PLEASE READ THE ATTACHED NOTICE ON DISCRIMINATION COMPLAINTS
AND NON-RETALIATION REQUIREMENT.)

NOTICE TO INDIVIDUALS FILING DISCRIMINATION COMPLAINTS

Individuals alleging discriminatory treatment in services and/or employment have a right to file a complaint using the Department of Human Services DISCRIMINATION COMPLAINT FORM, DHS 9004 (rev 06-2007). A letter with the same information requested on the form can be used if necessary. The complaint should be sent to:

STATE OF HAWAII
Department of Human Services
Personnel/CRCS
P.O. Box 339
Honolulu, Hawaii 96809-0339

Tel: (808) 586-4955 TTY: (808) 586-4959
gwatts@dhs.hawaii.gov

Individuals also have a right to seek redress for their complaint through the appropriate

- 1) Collective Bargaining Unit,
- 2) State and Federal Compliance Agencies, and/or
- 3) Civil Court action.

Confidentiality: All information shall be held with strictest confidentiality, and release of information shall be allowed only when necessary to resolve the issue/s in the complaint. A complainant consent release form (DHS 9007) will be required to complete an investigation.

Non-retaliation: Section 704 (a) of the Civil Rights Act of 1964, as amended states:

It shall be an unlawful employment practice for an employer to discriminate against any of his/her employees or applicant/s for employment (or services) because he/she has opposed any practice by this title, or because he/she has made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing under this title.

Additionally, laws enforced prohibit recipients of Federal financial assistance from intimidating or retaliating against anyone because he or she has either taken action or participated in action to secure rights protected by these laws. Individuals seeking services and/or employment with the Department of Human Services are advised of this non-retaliation requirement and are instructed to notify the Department's Personnel Office/CRCS, P.O. Box 339, Honolulu, Hawaii 96809-0339, if any attempt at retaliation is made as a result of filing a complaint.

Rights and Responsibilities: (The following list highlights some rights and responsibilities and is NOT all inclusive.)

1. You have the right to have an attorney represent you, at your own expense, or to have any other personal representative of your choice at any level of a grievance. Such representative shall not be a departmental or State EO representative or Personnel Specialist.
2. You have the right to discontinue your complaint at any time by submitting a written statement of withdrawal.

3. You have the right to be notified of each of the steps taken in the complaint procedure, to be notified ahead of time of any inquiry or conference, and to be notified in writing of the decision reached at any level.
4. You have the right to reasonable accommodations, including and not limited to language interpreters/translators, auxiliary aids and/or facilities and parking for individuals with disabilities. You are responsible for requesting required accommodations.
5. At any point in time, you have the right to file your complaint with the State or Federal agencies listed in this notice as appropriate. You are responsible to inquire directly with these agencies regarding the steps necessary for redress.

Following is a list of additional entities where you might file a complaint as appropriate:

State of Hawaii
Hawaii Civil Rights Commission
830 Punch bowl Street, Room 411
Honolulu, Hawaii 96813
Telephone (808) 586-8636

U. S. Department of Labor
Office of Contract Compliance Programs
Prince Kuhio Federal Building, Room 7326
300 Ala Moana Boulevard
Honolulu, Hawaii 96850
Telephone (808) 541-2933

U. S. Department of Health and Human Services
Office of Civil Rights, Region IX
90 7th Street, Suite 4-100
San Francisco, California 94103-6705
Telephone (415) 437-8324

U. S. Department of Agriculture
Office of Civil Rights Food and Nutrition Service Western Region
90 7th Street, Suite 10-100
San Francisco, CA 94103
Telephone (415) 705 1322 TTY (800) 735-2922

U. S. Department of Education
Office of Civil Rights, Seattle Office
915 Second Avenue, Room 3310
Seattle, WA 98174-1099 (206) 220-7900 Fax (206) 220-7887

U. S. Department of Justice
Office of Civil Rights
810 7th Street, NW
Washington, C. C. 20531 (202) 307-0690

NOTICE OF NON-RETALIATION REQUIREMENT

Section 704 (a) of the Civil Rights Act of 1964, as amended states:

“It shall be unlawful employment practice for an employer to discriminate against any of his/her employees or applicant(s) for employment....because he/she has opposed any practice made an unlawful employment practice by this title, or because he/she has made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing under this title.”

Persons filing charges of employment discrimination are advised of this non-retaliation requirement and are instructed to notify the Department's Civil Rights Compliance Staff (808) 586-4955 if any attempt at retaliation is made as a result of their filing this complaint.

CONSENT / RELEASE FORM

Your Name: _____

Address: _____

Please read the information below, initial the appropriate space, and sign and date this form on the lines at the bottom of the form.

I understand that in the course of a preliminary inquiry or investigation it might become necessary for DHS, CRCS, to reveal my identity to persons at the organization under investigation. I am also aware of the obligations of CRCS to honor requests under the Freedom of Information and Privacy Acts. I understand that it might be necessary for DHS to disclose information, including personally identifying details, which it has gathered as a part of its preliminary inquiry or investigation of my complaint. In addition, I understand that as a complainant I am protected by Federal regulations and DHS Policies from retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes.

Initial on line above if
you give consent.

CONSENT GRANTED -- I have read and understand the above information and authorize DHS, CRCS, to reveal my identity to persons at the organization under investigation and to Federal or State agencies that provide financial assistance to the organization or also have civil rights compliance oversight responsibilities that cover that organization. I hereby authorize DHS to receive material and information about me pertinent to the investigation of my complaint. This release includes and is not limited to, applications, case files, personal records, and medical records. This authorization is effective for one year from the date the authorization is signed. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and I do so voluntarily.

Initial on line above if
you deny consent

CONSENT DENIED -- I have read and understand the above information and do not want CRCS to reveal my identity to the organization under investigation, or to review, receive copies of, or discuss material and consent information about me, pertinent to the investigation of my complaint. I understand that this is likely to make the investigation of my complaint and getting all the facts more difficult and, in some cases, impossible, and may result in the investigation being closed.

Signature

Date

Please return completed, signed and dated form to: State of Hawaii
Department of Human Services
PERS/CRCS
P.O. Box 339
Honolulu, Hawaii 96809-0339

Questions may be sent to: gwatts@dhs.hawaii.gov

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COMPLAINT WITHDRAWAL FORM

I, _____ hereby WITHDRAW my Discrimination Complaint
Full Name
 signed by me on (Date) _____. I am revoking any consent I might have
 granted previously for release of information. I am voluntarily revoking this consent and the
 request for an investigation and do not wish to proceed with this complaint. I have received no
 promises, rewards or concessions which might have influenced me in withdrawing this
 complaint.

 Complainant

 Date

Note: Please be advised that no one may intimidate, threaten, coerce, or engage in other
 discriminatory conduct against anyone because he or she has either taken action or participated
 in an action to secure rights protected by civil rights laws. Any individual alleging such
 harassment or intimidation may file a complaint with appropriate internal or external agencies
 who will investigate such a complaint if the situation warrants.

**Please help us by checking all statements that apply, sign and date and return to
 DHS, CRCS, P.O. Box 339, Honolulu, HI 96809-0339.**

I, the undersigned, wish to withdraw my complaint of discrimination that I filed against
 _____ because:

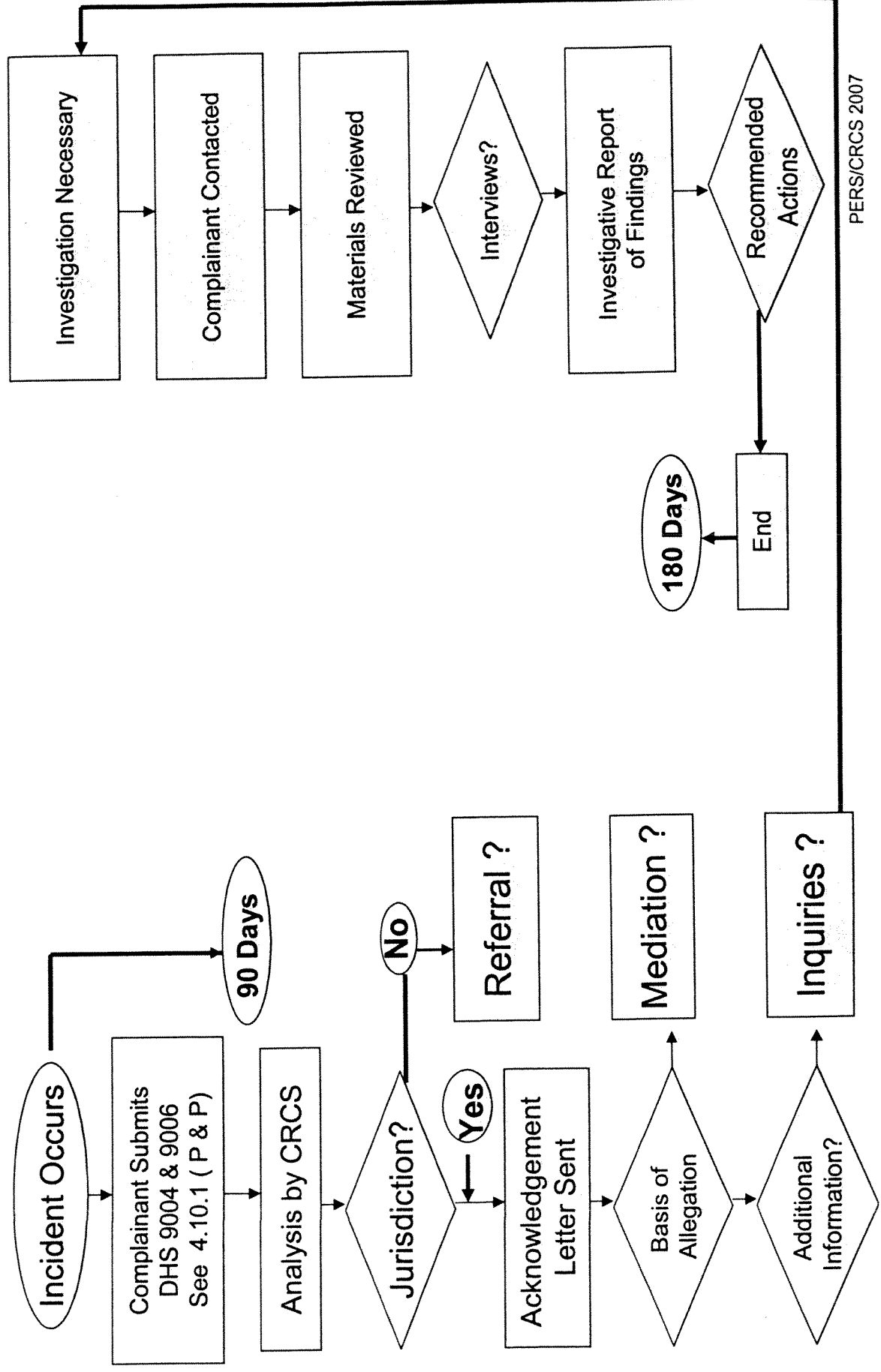
- ___ 1. I no longer wish to pursue my complaint because the issues I raised are now resolved.
- ___ 2. I no longer believe that I have a discrimination complaint.
- ___ 3. I am currently receiving the benefits I am entitled to receive.
- ___ 4. I understand that the changes in current laws prohibit me from receiving benefits.

 Signature

 Date

DHS Discrimination Complaint

Procedures and Timelines



SAMPLE

Jo Slow	4444	586-0000	288-1212
NAME	SS NO. (Last 4 digits only)	PHONE (Business)	PHONE (Home)
115 Main Street	Honolulu	Hi	96803
STREET ADDRESS	CITY/STATE		ZIPCODE

EMPLOYER (Division/Unit) if applicable Dept. of Human Services/VR

- | | | |
|---|---|---|
| <input type="checkbox"/> Race/color | <input type="checkbox"/> National Origin/Ancestry | <input checked="" type="checkbox"/> Retaliation |
| <input checked="" type="checkbox"/> Sex/Gender | <input type="checkbox"/> Breast-Feeding | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Arrest/Court Records | <input type="checkbox"/> Age |
| <input checked="" type="checkbox"/> Disability | <input type="checkbox"/> Child Support Assignment | <input type="checkbox"/> Citizenship |
| <input type="checkbox"/> National Guard Absence | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Political Belief |

- Told Supervisor / Case Worker
- Filed with Hawaii Civil Rights Commission
- Spoke with Legal Aid

4. Does your complaint concern alleged discrimination in services delivery? ☒ Yes ___ No
5. Does your complaint concern alleged discrimination in employment? ___ Yes ___ No
6. Is the alleged discrimination against you? ___ No ☒ Yes, By whom? Jim Fast

Discrimination Complaint Form
Page 2

7. Please explain how and why you believe you were discriminated against. Please be SPECIFIC. Please include names, dates, witnesses and places of the incident/s.

8/2/07 XYZ said "you are part of the wave"

8/3/07 QRS said "act like a sighted person"

8/10/07 filed a tort

9/1/07 overtime refused because I filed a tort
(Attach additional sheets if you require more space.)

8. Is the alleged discrimination against others? ☒ No ☐ Yes, please list, name(s), addresses(s) and phone number(s).

9. What is the specific date or period of time of the alleged discrimination?

8/2/07 and ongoing latest 9/1/07

10. Please indicate the relief/remedy you are seeking. Public Apology,

Overtime Approved, Sensitivity Training for Jim Fast

11. I will notify DHS, Personnel, CRCS, P.O. Box 339, Honolulu, HI 96809-0339, if I change my address or telephone number. I swear or affirm that I have read the above statements and that they are true to the best of my knowledge and belief.

PLEASE COMPLETE, REVIEW, SIGN, DATE AND RETURN TO ABOVE ADDRESS.

Signature Jo Slow Date 9/2/07

The purpose of this form is to assist you in filing a complaint with the Department of Human Services. You are not required to use this form, a letter with the same information is sufficient.
HOWEVER, THE INFORMATION REQUESTED ABOVE
MUST BE PROVIDED, WHETHER OR NOT THE FORM IS USED.

(PLEASE READ THE ATTACHED NOTICE ON DISCRIMINATION COMPLAINTS
AND NON-RETALIATION REQUIREMENT.)

SAMPLE

CONSENT / RELEASE FORM

Your Name: Jo Sloo
Address: 115 Main Street
Honolulu, HI 96803

Please read the information below, initial the appropriate space, and sign and date this form on the lines at the bottom of the form.

I understand that in the course of a preliminary inquiry or investigation it might become necessary for DHS, CRCS, to reveal my identity to persons at the organization under investigation. I am also aware of the obligations of CRCS to honor requests under the Freedom of Information and Privacy Acts. I understand that it might be necessary for DHS to disclose information, including personally identifying details, which it has gathered as a part of its preliminary inquiry or investigation of my complaint. In addition, I understand that as a complainant I am protected by Federal regulations and DHS Policies from retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes.

JS
Initial on line above if you give consent.

CONSENT GRANTED -- I have read and understand the above information and authorize DHS, CRCS, to reveal my identity to persons at the organization under investigation and to Federal or State agencies that provide financial assistance to the organization or also have civil rights compliance oversight responsibilities that cover that organization. I hereby authorize DHS to receive material and information about me pertinent to the investigation of my complaint. This release includes and is not limited to, applications, case files, personal records, and medical records. This authorization is effective for one year from the date the authorization is signed. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and I do so voluntarily.

Initial on line above if you deny consent

CONSENT DENIED -- I have read and understand the above information and do not want CRCS to reveal my identity to the organization under investigation, or to review, receive copies of, or discuss material and consent information about me, pertinent to the investigation of my complaint. I understand that this is likely to make the investigation of my complaint and getting all the facts more difficult and, in some cases, impossible, and may result in the investigation being closed.

Jo Sloo
Signature

8/2/07
Date

Please return completed, signed and dated form to: State of Hawaii
Department of Human Services
PERS/CRCS
P.O. Box 339
Honolulu, Hawaii 96809-0339

Questions may be sent to: gwatts@dhs.hawaii.gov

State of Hawaii
Department of Human Services
COMPLAINT WITHDRAWAL FORM

I, Jo Slow hereby WITHDRAW my Discrimination Complaint
signed by me on (Date) September 2, 2007. I am revoking any consent I might have granted
previously for release of information. I am voluntarily revoking this consent and the request for
an investigation and do not wish to proceed with this complaint. I have received no promises,
rewards or concessions which might have influenced me in withdrawing this complaint.

Jo Slow
Complainant

9/4/07
Date

Note: Please be advised that no one may intimidate, threaten, coerce, or engage in other
discriminatory conduct against anyone because he or she has either taken action or participated
in an action to secure rights protected by civil rights laws. Any individual alleging such
harassment or intimidation may file a complaint with appropriate internal or external agencies
who will investigate such a complaint if the situation warrants.

**Please help us by checking all statements that apply, sign and date and return to
DHS, PERS/CRCS, P.O. Box 339, Honolulu, HI 96809-0339.**

I, the undersigned, wish to withdraw my complaint of discrimination that I filed against
Jim Fast because:

- ☒ 1. I no longer wish to pursue my complaint because the issues I raised are now resolved.
- ☐ 2. I no longer believe that I have a discrimination complaint.
- ☐ 3. I am currently receiving the benefits I am entitled to receive.
- ☐ 4. I understand that the changes in current laws prohibit me from receiving benefits.

Jo Slow
Signature

9/4/07
Date

Questions may be submitted to: gwatts@dhs.hawaii.gov

ハワイ州
福祉サービス局

差別申立てフォーム

名前 _____ ソーシャルセキュリティ番号 _____ 電話番号 _____ 電話番号 _____
(下4桁のみ) (会社) (自宅)

住所 _____ 市・州 _____ 郵便番号 _____

勤務先 (課/室), 当てはまる場合 _____

1. 職務名, 当てはまる場合 _____
2. 差別申立ての根拠 (当てはまる項目を選択して下さい)

<input type="checkbox"/> 人種	<input type="checkbox"/> 出身国・先祖	<input type="checkbox"/> 報復行為
<input type="checkbox"/> 性別	<input type="checkbox"/> 母乳哺育	<input type="checkbox"/> 結婚歴
<input type="checkbox"/> 宗教	<input type="checkbox"/> 逮捕歴・裁判歴	<input type="checkbox"/> 年齢
<input type="checkbox"/> 障害	<input type="checkbox"/> 養育費割当	<input type="checkbox"/> 市民権
<input type="checkbox"/> 州兵の為の欠勤	<input type="checkbox"/> 性的志向	<input type="checkbox"/> 政治的所信

3. 申立てをしている差別に対して何か行動を起こしたなら、それを簡潔に説明して下さい。

4. サービスに関する差別申立てですか。 _____ はい _____ いいえ
5. 雇用に関する差別申立てですか。 _____ はい _____ いいえ
6. 差別申立てはあなたに対してですか。
_____ いいえ _____ はい。誰によってですか。 _____

7. どのように、何故差別されたと思うのか説明して下さい。明細をお願いします。名前、日付、証人、そして事が起こった場所も含めて下さい。

(もし紙面が足りない場合は追加の紙を添付して下さい)

8. 差別申立ては他の人に対してですか。 ___ いいえ ___ はい、名前、住所、電話番号を記入して下さい。

9. 申立てをしている差別が起こった明確な日付、若しくは期間を書いてください。

10. あなたが求める慰籍・救済策を述べて下さい _____

11. もし住所や電話番号を変更する場合は、DHS, Personnel, CRCS, P.O. Box 339, Honolulu, HI 96809-0339に通知します。私は上記の陳述文を読み、私の最善の認識と信念において真実だという事を誓います。

全てを記入、見直し、署名、日付、そして上記の住所に送って下さい。

署名 _____ 日付 _____

このフォームは、福祉サービス局に申立て申請をする際のお手伝いを目的にしています。あなたはこのフォームの使用を義務付けられている訳ではなく、同様の情報を明記した手紙でも充分です。
しかし、フォーム使用有無に関わらず、上記の情報は提供しなければなりません。

(添付の差別申立て通知と非報復条件通知を読んで下さい。)

差別申立て申請者への通知

サービス上、または雇用上で差別待遇を受けた個人は、福祉サービス局の差別申立てフォームDHS9004 (2007年6月改訂) にて訴えを提出する権利があります。フォームと同様の情報を記載していれば手紙での申請でも大丈夫です。申立ては下記まで送付して下さい。

ハワイ州 福祉サービス局 人事部 公民権サービス課
STATE OF HAWAII
Department of Human Services
Personnel/CRCS P.O. Box 339
Honolulu, Hawaii 96809-0339

Tel: (808) 586-4955 TTY: (808) 586-4959
gwatts@dhs.hawaii.gov

また個人は申立てに対し以下の機関を通し救済策を求める権利があります

- 1) 労働協約室
- 2) 州、連邦政府準拠局、または/そして
- 3) 民事裁判

守秘: 全ての情報は厳密に守秘され、情報開示は申立ての論点解決に必要な時のみ許されます。調査遂行には申立て免除認可同意フォーム (DHS9006) が必要となります。

非報復: 1964年公民権法セクション704(a)修正陳述によると

このタイトルの実施に反対した事があつたり、告発、証言、助力、またどのような形にしろこのタイトル下での調査や法的手続きや審問に参加した事がある従業員、雇用応募者 (またはサービス申込者) に対し雇用主が差別する事は非合法的雇用行為とするものである。

その上、執行された法は、連邦政府より財政援助を受け取っている者が、法により守られた権利確保の為の行為を取った者、またそれに参加した者への脅迫や報復をする事を禁じています。福祉サービス局にサービスを求める者、また若しくは雇用を求める者は、非報復条件を知り、申立てをした結果報復行為を企てられた場合は人事部・公民権サービス課、Department's Personnel Office/CRCS, P.O. Box 339, Honolulu, Hawaii 96809-0339へ通告するようにして下さい。

権利と責任: (下記のリストは、権利と責任の重要点であるが、包括的ではありません)

1. あなたはあなたを代理する弁護士を自費で雇う権利があり、または苦情申立てのどの段階でも代理人を立てる事が出来ます。そのような代理人は局、または州の機会平等代表や人事専門員ではあつてはなりません。
2. あなたは取り消し書を提出すればいつでも申立てを中断する権利があります。

差別申立て申請者への通知

3. あなたは、申立て手続きの各段階の通知、質疑や協議の事前通知、そして書面にて各段階で出された結果通知を受ける権利があります。
4. あなたは、障害のある個人の為に、言語通訳・翻訳、補助援助、設備、駐車場等を含む、但しそれに限定しない妥当な便宜を受ける権利があります。
5. あなたは、どの時でもこの通知に掲載された適切な州または連邦政府の機関に申立て申請をする権利があります。あなたは救済策に要する手段に関して直接これらの機関に尋ねる責任があります。

以下申立てをする機関の追加リストです。

ハワイ州ハワイ公民権委員会
State of Hawaii
Hawaii Civil Rights Commission
830 Punch bowl Street, Room 411
Honolulu, Hawaii 96813
Telephone (808) 586-8636

米国労働省 連邦契約承諾プログラムオフィス
U. S. Department of Labor
Office of Contract Compliance Programs
Prince Kuhio Federal Building, Room 7326
300 Ala Moana Boulevard
Honolulu, Hawaii 96850
Telephone (808) 541-2933

米国保険福祉省 公民権オフィス 9 区
U. S. Department of Health and Human Services
Office of Civil Rights, Region IX
90 7th Street, Suite 4-100
San Francisco, California 94103-6705
Telephone (415) 437-8324

米国農務省 西部地区食糧及び栄養サービス公民権オフィス
U. S. Department of Agriculture
Office of Civil Rights Food and Nutrition Service Western Region
90 7th Street, Suite 10-100
San Francisco, CA 94103
Telephone (415) 705 1322 TTY (800) 735-2922

米国教育省 公民権オフィス シアトルオフィス
U. S. Department of Education
Office of Civil Rights, Seattle Office
915 Second Avenue, Room 3310
Seattle, WA 98174-1099 (206) 220-7900 Fax (206) 220-7887

米国司法省 公民権オフィス
U. S. Department of Justice
Office of Civil Rights
810 7th Street, NW
Washington, C. C. 20531 (202) 307-0690

非報復条件通知

1964年公民権法セクション704(a)修正陳述によると、

このタイトルの実施に反対した事があつたり、告発、証言、助力、またどのような形にしろこのタイトル下での調査や法的手続き、審問に参加した事がある従業員、雇用応募者（またはサービス申込者）に対し雇用主が差別する事は非合法的雇用行為とするものである。

雇用差別告発申請を行う者は、この非報復条件を知った上で、もし申立て申請の結果、報復行為企図があるようなら、局の公民権準拠職員（808）586-4955まで通知して下さい。

免除認可同意フォーム

名前: _____

住所: _____

下記情報を読んで当てはまる項目にイニシャルを記入、フォームの一番下に署名、日付を記入下さい。

予備質疑や調査過程において、福祉サービス局公民権サービス課が、調査されている組織内人物に私の身元を明かす事が必要となるかもしれない事を理解しています。また公民権サービス課が、情報行為およびプライバシーの自由法下の要請を受け入れなければならない事も承知しています。福祉サービス局が私の申立てに対しての予備質疑または調査の一環として得た個人の身元詳細を含む情報開示をしなければならないかもしれないという事も理解しています。また、私は苦情申立て人として、差別禁止法により守られている権利を取得する為の申立て行為またはそれに参加した事に対する報復行為から、連邦規定と福祉サービス局のポリシーによって守られている事も理解しています。

もし同意する場合は線上にイニシャル

同意承諾 私は上記情報を読み理解し、福祉サービス局公民権サービス課に、組織内調査中の人物、または局に財政援助をし、公民権準拠の監視責任を持つ連邦・州機関に私の身元を明かす権限を与えます。私はここに私の申立てに対する調査に関連ある私の情報や資料を受け取る権限を福祉サービス局に与えます。この免除許可は申請書、事例記録、個人の記録、医療記録を含みますがこれらに限られている訳ではありません。この委任は委任書に署名をして1年間有効です。私は、資料や情報が公認された公民権準拠、執行行為に使用される事を理解しています。また私がこの免除許可公認が義務ではない事を理解しており、この免除許可を自分の意志で承認しています。

もし否認する場合は線上にイニシャル

同意否認 私は上記情報を読み公民権サービス課に、調査中の組織に私の身元を明かす事や、申立て調査に関連する資料や私に関する同意情報のコピーを受け取ったり話し合ったりする事をして欲しくありません。これにより申立ての調査や全ての事実を収集することが困難になるという事、そして事例によっては調査不可能となり調査を打ち切ることになるかもしれない事を理解しています。

署名 _____

日付 _____

完了、署名、日付をしたフォームを送付して下さい。 : State of Hawaii
Department of Human Services
PERS/CRCS
P.O. Box 339
Honolulu, Hawaii 96809-0339

質問はこのアドレスまで: gwatts@dhs.hawaii.gov

ハワイ州
福祉サービス局
苦情申し立て取り消しフォーム

私 (氏名) _____ は、ここに、(日付) _____ 付
けで申し立てた苦情を取り消します。私は、以前情報開示の為に許可した全ての承諾を
無効とします。私は自らの意志によりこの承諾と調査要請を取り消し、苦情手続きをこ
れ以上取る事を望みません。私はこの苦情申し立て取り消しを左右するような保証、報
償、若しくは利権は受け取っていません。

申し立て人

日付

注意： 何者も、公民権法上の権利を確保する為に措置を講じた者、若しくは関係し
た者に対し、威嚇、脅迫、強制、または差別行為を行う事はしてはなりません。ハラス
メントや威嚇を受けた者は、苦情を適切な内部若しくは外部の機関に申し立てをする事が
でき、それら機関が状況正当化が出来れば申し立ての調査をする事になります。

当てはまる全ての項目に印しを付け、署名、日付を記入し、下記住所まで送付して下
さい。

DHS, PERS/CRCS, P.O. Box 339, Honolulu, HI 96809-0339.

私、末尾署名者は、_____ に対
しての差別苦情申し立ての取り消しを願います。なぜなら、

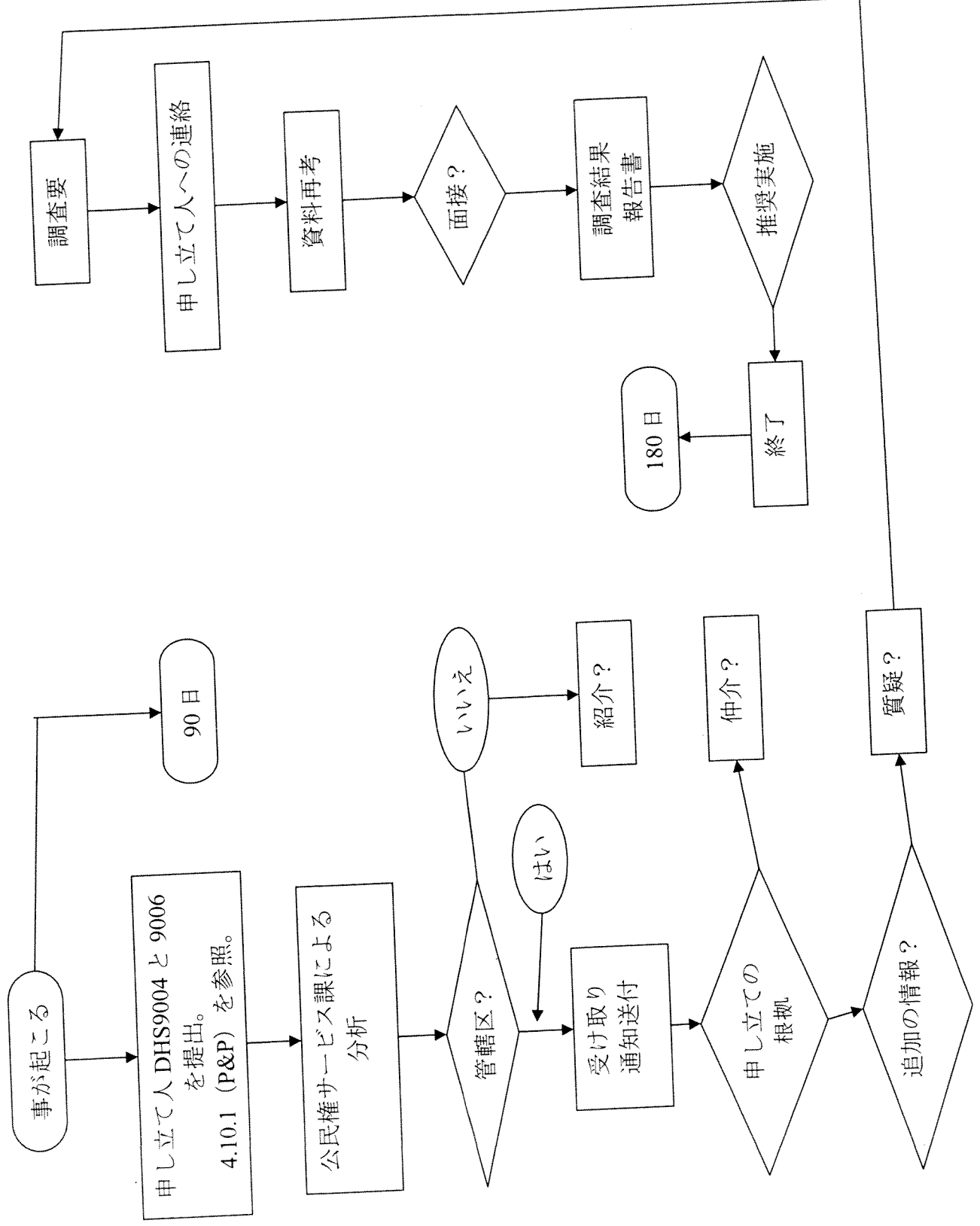
- ___ 1. もう解決したので、苦情申し立て続行を望みません。.
- ___ 2. 差別苦情がなくなったと考えます。
- ___ 3. 今現在、資格のある恩恵を受け取っています。
- ___ 4. 現法律の変更により恩恵を受け取る事が禁止されるという事を理解しています。


署名

日付

質問等はこのアドレスまで提出して下さい。 gwatts@dhs.hawaii.gov

福祉サービス局 差別苦情申し立て 手続き手順とスケジュール



	STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES POLICIES & PROCEDURES	NUMBER 4.10.2 1 of 6
		ISSUE/REVISION DATE SEP 17 2007

SUBJECT: HARASSMENT

OPR: PERSONNEL

1.0 PURPOSE

To establish a policy that prevents harassment in the Department of Human Services, thereby fostering respect and enhancing the morale and efficiency of employees, applicants, potential applicants, and clients.

2.0 REFERENCES AND DEFINITIONS

2.1 References

Civil Rights Act, Title VI and VII
 Age Discrimination in Employment Act
 Americans with Disabilities Act
 Hawai'i Revised Statutes Chapter 378-2, Part I
 and others

2.2 Definitions

Harassment - Harassment based on a person's membership in a protected group (race, color, sex, religion, national origin, ancestry, age, disability, sexual orientation, marital status, arrest and court record, income assignment for child support, national guard absence, uniformed service, breastfeeding, political beliefs or citizenship status) is unlawful when unwelcome behavior becomes so severe and pervasive that it alters a person's terms and conditions of employment, unreasonably interferes with work, or creates an intimidating, hostile or offensive environment.

(Behavior that does not meet this definition may be addressable by changes in management practices or by corrective action under other personnel policies.)

Sexual Harassment - Unwelcome sexual advances or requests for sexual favors or other verbal or physical conduct of a sexual nature, is unacceptable when:

- submission to such conduct is made either explicitly or implicitly a term or condition of employment or receipt of services;
- submission to or rejection of such conduct by an individual is used as the basis for employment or receipt of services decisions affecting said individual; or
- such conduct has the purpose or effect of creating an intimidating, hostile or offensive environment.

Examples of verbal sexual harassment might include, and are not limited to, offensive and derogatory comments, jokes of an offensive nature, innuendoes, unwelcome repeated requests for dates or obscene or graphic descriptions of an individual's body, and threats made to a person who refuses a sexual advance.

Examples of non-verbal sexual harassment may include, and are not limited to, sexually suggestive or offensive objects or pictures, written comments, suggestive or offensive sounds, whistling, catcalls or obscene gestures.

Sexual harassment with respect to terms and conditions of employment might include treating a person differently when that individual refuses a sexual advance. Examples of such disparate treatment include, and are not limited to, limiting benefits which other employees presently receive

and enjoy, refusing to grant a promotion, giving someone a negative evaluation which does not reflect that person's actual performance, and demoting or terminating a person.

Sexual harassment with respect to provision of services might include treating an applicant, potential applicant, service provider, contractor or client differently when that individual refuses a sexual advance.

3.0 POLICY

All employees and applicants for employment or services shall be entitled to an environment free of discrimination, including harassment. Harassment based on a person's membership in a protected group is strictly prohibited, and will not be tolerated at DHS.

4.0 SCOPE

This policy applies to all departmental organizational units, employees, clients, applicants, and potential applicants for employment and services, service providers, and contractors. This also includes individuals subjected to unlawful harassment because of their association with persons who are protected by anti-discrimination law.

5.0 RESPONSIBILITIES

5.1 Managers and Supervisors

Managers and supervisors shall ensure an environment that is free from discriminatory practices relating to harassment and discrimination. Managers and supervisors, who witness or receive reports of harassment, shall take immediate and appropriate action to ensure that the harassment ceases.

Managers and supervisors shall conduct an inquiry and/or investigation of complaints of alleged harassment.

Supervisors will ensure consistent application of the Department's Harassment policy and method of administration in the unit's provision of programs, services, contracts with service providers, and/or activities to the public.

5.2 Employees

Employees are expected to conduct themselves appropriately while at work and during work-related functions. Employees who experience or observe any job-related harassment or believe they have been treated in a disrespectful manner, have a duty and responsibility to report the incident(s) in order to correct and prevent harassment.

6.0 PROCEDURES

Complainants should follow the appropriate DHS Departmental Discrimination Complaint Procedure (P&P Manual 4.10.1 or 4.10.3) when filing complaints of harassment which are discriminatory in nature. In implementing this policy and procedure, the following shall apply.

Confidentiality

Confidentiality will be maintained to the extent possible to successfully conduct a thorough investigation. Information regarding the complaint will be shared with appropriate individuals on a "need to know" basis. Complainants will be asked to sign a consent/release form indicating their consent or denial of consent to release information. (Appendix A)

Retaliation

The Department of Human Services prohibits retaliation against any individual, who files a complaint of harassment, participates in complaint proceedings or who otherwise opposes acts of harassment.

Violations of Policy

Employees who violate this policy shall be subject to disciplinary action in accordance with the respective collective bargaining agreement and related DHS Policies.

Disciplinary action shall be designed to correspond with the seriousness of the action, and be reasonably calculated to stop the harassment and to ensure that the harassment will not recur.

7.0 IMPLEMENTATION

This policy shall be effective as of the date of approval and shall remain in effect until cancelled or superseded.

APPROVED: Aileen Stoller

DATE:

Director
SEP 17 2007

Behaviors that contribute to perceptions of harassment:

Unlawful:

Unwelcome behavior that becomes so severe and pervasive that it:

- o alters person's terms and conditions of employment
- o unreasonably interferes with work OR
- o creates an intimidating, hostile or offensive environment

Such as: treating a person differently (disparate treatment)

- avoidance
- failure to provide scheduled pay increases based on factors other than performance
- negative evaluation/s not based on performance
- changing duties and/or expectations based on other than business necessity
- threats of any kind

Misconduct Behaviors: (require corrective actions)

Verbal

- o verbal comments such as offensive or derogatory remarks (honey, babe)
- o sexually explicit anecdotes, questions or jokes (applies to religious jokes too)
- o innuendoes
- o pressure for sexual activity
- o unwelcome repeated requests for dates
- o remarks of a sexual nature about a person's clothing or body
- o obscene or graphic descriptions of an individual's body
- o threats of any degree

(Please note that individuals who might have been victims of child abuse, rape or domestic violence could have adverse reactions to seemingly innocent remarks and/or non-verbal behavior that might trigger thoughts of past experiences.) Be sensitive to the needs of others.

Non-verbal

- o suggestive or offensive objects, pictures, sounds (whistling, catcalls) or obscene gestures.
- o touching, patting, hugging or brushing against a person's clothing or body
- o unwarranted, continuous staring or stalking

ALL EMPLOYEES ARE EXPECTED TO CONDUCT THEMSELVES IN A MANNER THAT REFLECTS SENSITIVITY AND RESPECT FOR PEOPLE WITH DIVERSE NEEDS AND BACKGROUNDS.

EXAMPLES OF SEXUALLY HARASSING BEHAVIORS

It is not necessary to prove that physical harassment occurred. It is sufficient to demonstrate that a "hostile" or "offensive working environment" was created by unwanted or unwelcome behaviors which have affected work performance.

TYPES OF HARASSMENT	KINDS OF BEHAVIORS
TYPE ONE (Quid Pro Quo) Sexual coercion that brings harm or affects conditions of employment	Actual sexual contact Termination, failure to hire, failure to promote or grant work-related privileges or assigning an unfair workload or deadline when an employee/applicant rebuffs sexual advances Promise of a work-related benefit in return for sexual favors
TYPE TWO (Hostile Environment) Behaviors that may contribute to a hostile environment	
A. Physical Behaviors	Grabbing, squeezing or pinching Touching the person's clothing, hair, or body Hugging, kissing, patting on the head or stroking A hand on the shoulder or arm when talking or giving instructions Giving a neck or shoulder massage Hanging around a person Standing close or brushing up against a person Following a person Blocking a person's path
B. Verbal Behaviors	Whistling at someone, cat calls Making comments of a sexual nature Turning work discussions to sexual topics

EXAMPLES OF SEXUALLY HARASSING BEHAVIORS

B. Verbal Behaviors (cont'd)

Asking about sexual fantasies, preferences or history

Asking personal questions about social/sexual life

Making sexual comments about a person's clothing, anatomy, or looks

Repeatedly asking out a person who is not interested

Making kissing sounds, howling, smacking lips

Telling lies or spreading rumors about a person's personal sex life

Making sexual comments or innuendos

Telling sexual or off-color jokes or stories

Concentrating on a person's appearance, rather than accomplishments

C. Nonverbal Behaviors

Eyeing a person up and down

Staring at someone

Giving personal gifts

Making facial expressions such as winking, throwing kisses or licking lips

Making sexual gestures with hands or through body movements

Posting pictures of scantily clad women or men on office walls

Cartoons on bulletin boards or at a person's workstation that are sexually offensive

Obscene gestures

Displaying sexually suggestive visuals

Touching or rubbing oneself sexually around another person



..... No place at DHS

HARASSMENT

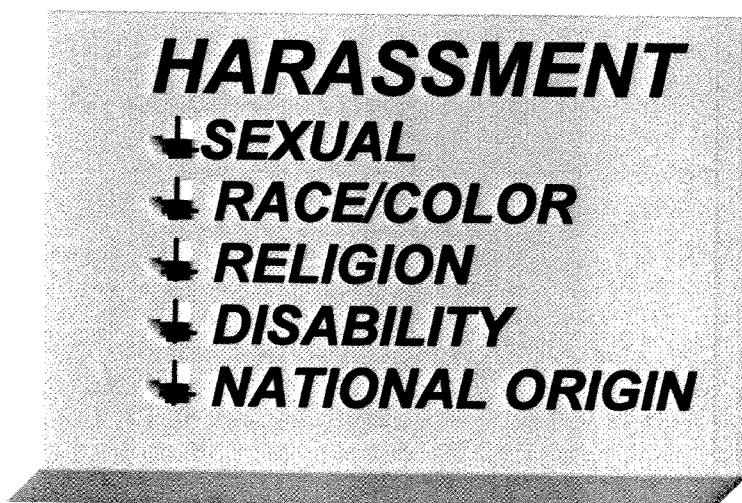
AUTHORITY: Section 703 of Title VII* of the Civil Rights Act of 1964, as amended, among others
* Principles apply to sexual harassment and/or harassment based on race, color, religion, disability, or national origin (including Limited English Proficiency).

SEXUAL HARASSMENT CONSTITUTES: (for example)

- 1. Unwelcome sexual advances**
- 2. Requests for sexual favor/s**
- 3. Other verbal or physical conduct of a sexual nature, including jokes and is unlawful when:**
 - a. Submission is made, either explicitly or implicitly, a term or condition of employment or DHS services**
 - b. Submission to or rejection of such conduct is used as the basis for employment or benefits decisions affecting an individual; or**
 - c. Such conduct has the purpose or effect of unreasonably interfering with work performance or services or creating an intimidating, hostile, or offensive DHS working or service environment**

If you encounter harassment of any type (including bullying).....

CONTACT THE CIVIL RIGHTS COMPLIANCE OFFICE at:



**State of Hawaii
Department of Human Services
Personnel Office**

**Civil Rights Compliance Staff
P. O. Box 339
Honolulu, HI 96809-0339**

**Phone: (808) 586-4955
7:45 a.m.-- 4:30 p.m.
Monday Through Friday**

Behaviors that contribute to perceptions of harassment:

Unlawful:

Unwelcome behavior that becomes so severe and pervasive that it:

- o alters person's terms and conditions of employment
- o unreasonably interferes with work OR
- o creates an intimidating, hostile or offensive environment

Such as: treating a person differently (disparate treatment)

- avoidance
- failure to provide scheduled pay increases based on factors other than performance
- negative evaluation/s not based on performance
- changing duties and/or expectations based on other than business necessity
- threats of any kind

Misconduct Behaviors: (require corrective actions)

Verbal

- o verbal comments such as offensive or derogatory remarks (honey, babe)
- o sexually explicit anecdotes, questions or jokes (applies to religious jokes too)
- o innuendoes
- o pressure for sexual activity
- o unwelcome repeated requests for dates
- o remarks of a sexual nature about a person's clothing or body
- o obscene or graphic descriptions of an individual's body
- o threats of any degree

(Please note that individuals who might have been victims of child abuse, rape or domestic violence could have adverse reactions to seemingly innocent remarks and/or non-verbal behavior that might trigger thoughts of past experiences.) Be sensitive to the needs of others.

Non-verbal

- o suggestive or offensive objects, pictures, sounds (whistling, catcalls) or obscene gestures.
- o touching, patting, hugging or brushing against a person's clothing or body
- o unwarranted, continuous staring or stalking

ALL EMPLOYEES ARE EXPECTED TO CONDUCT THEMSELVES IN A MANNER THAT REFLECTS SENSITIVITY AND RESPECT FOR PEOPLE WITH DIVERSE NEEDS AND BACKGROUNDS.

EXAMPLES OF SEXUALLY HARASSING BEHAVIORS

It is not necessary to prove that physical harassment occurred. It is sufficient to demonstrate that a "hostile" or "offensive working environment" was created by unwanted or unwelcome behaviors which have affected work performance.

TYPES OF HARASSMENT

TYPE ONE (Quid Pro Quo)

Sexual coercion that brings harm or affects conditions of employment

TYPE TWO (Hostile Environment)

Behaviors that may contribute to a hostile environment

A. Physical Behaviors

B. Verbal Behaviors

KINDS OF BEHAVIORS

Actual sexual contact

Termination, failure to hire, failure to promote or grant work-related privileges or assigning an unfair workload or deadline when an employee/applicant rebuffs sexual advances

Promise of a work-related benefit in return for sexual favors

Grabbing, squeezing or pinching

Touching the person's clothing, hair, or body

Hugging, kissing, patting on the head or stroking

A hand on the shoulder or arm when talking or giving instructions

Giving a neck or shoulder massage

Hanging around a person

Standing close or brushing up against a person

Following a person

Blocking a person's path

Whistling at someone, cat calls

Making comments of a sexual nature

Turning work discussions to sexual topics

EXAMPLES OF SEXUALLY HARASSING BEHAVIORS

B. Verbal Behaviors (cont'd)

Asking about sexual fantasies, preferences or history

Asking personal questions about social/sexual life

Making sexual comments about a person's clothing, anatomy, or looks

Repeatedly asking out a person who is not interested

Making kissing sounds, howling, smacking lips

Telling lies or spreading rumors about a person's personal sex life

Making sexual comments or innuendos

Telling sexual or off-color jokes or stories

Concentrating on a person's appearance, rather than accomplishments

C. Nonverbal Behaviors

Eyeing a person up and down

Staring at someone

Giving personal gifts

Making facial expressions such as winking, throwing kisses or licking lips

Making sexual gestures with hands or through body movements


Posting pictures of scantily clad women or men on office walls

Cartoons on bulletin boards or at a person's workstation that are sexually offensive

Obscene gestures

Displaying sexually suggestive visuals

Touching or rubbing oneself sexually around another person

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SUBJECT: OPPORTUNITY TO PARTICIPATE IN PROGRAMS, SERVICES
AND ACTIVITIES

OPR: PERSONNEL OFFICE

1.0 PURPOSE

To establish guidelines to ensure that all persons are provided with an opportunity to participate in, and benefit from, programs, services, and activities administered by the Department of Human Services.

2.0 REFERENCES AND DEFINITIONS

2.1 REFERENCES

Title VI of the Civil Rights Act
Americans with Disabilities Act
U.S. Department of Health and Human Services, Office for Civil Rights, Policy
Guidance: Prohibition Against National Origin Discrimination as it Affects Persons
with Limited English Proficiency
Food Stamp Act
Hawaii Revised Statutes, Chapter 489
Hawaii Revised Statutes, Chapter 368, 1.5
Hawaii Revised Statutes, Chapter 371, Part II, 371-31 to 37 Language Access
Hawaii Administrative Rules, Title 11, Chapter 218, Utilization of Sign
Language/English and Oral Interpreter Services
Administrative Directive 07-01, Equal Opportunity to Participate in Programs and
Services

2.2 DEFINITIONS

- a. Auxiliary aids and services – A wide variety of equipment, materials and personal services that may be used to provide effective communication for people who have visual, hearing, speech or cognitive disabilities.

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- b. Department- Department of Human Services
- c. Director - Director of the Department of Human Services
- d. Interpreter – A sign or other language interpreter who has the knowledge, skills, and abilities to interpret in more than one language.
- e. Limited English Proficient (LEP) - An LEP individual is a person who is unable to speak, read, write or understand the English language at a level that permits him or her to interact effectively with health and social service agencies and providers.
- f. Organizational Units - All administratively attached agencies, staff offices and divisional segments that comprise the Department.
- g. Person with a Disability – An individual who has a physical or mental impairment that substantially limits one or more of the person's major life activities, has a record of such impairment, or is regarded as having such impairment.
- h. Service Provider - A person, or a group of persons, an agency, organization, institution, political subdivision, that delivers a program, service or activity with federal or state financial assistance through contractual, licensing or other arrangements with the Department.

3.0 POLICY

It shall be the policy of the Department of Human Services to provide all persons with an equal opportunity to participate in, and benefit from, all departmental programs, services and activities. Affirmative Action goals will be set as needed.

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3.1 Services Provided by Contractors or Sub-recipients

- a. This policy extends beyond those programs, services and activities administered directly by the Department. This policy applies to all contractors, service providers and other sub-recipients that receive federal and state funds that provide services on behalf of the Department.
- b. The Department or its organizational units will not approve any application for or make any expenditures of federal or state funds for the establishment, conduct or continuation of any program or activity, until the service provider furnishes an assurance in writing to comply with all of the requirements imposed by, or pursuant to, the applicable federal and state laws and regulations.
- c. Each program will be responsible for securing that written assurance of compliance and for monitoring the service delivery practices of the service provider to ensure compliance with the applicable laws, regulations and this policy.

3.2 Dissemination of Information

- a. Programs shall inform clients, applicants, potential applicants, and related program participants, that the Department's programs, services and activities are provided in a manner that is free of discriminatory practices. Additionally, such individuals shall be informed of their right to file a complaint with the Department or appropriate enforcement agency.
- b. All such information and assurance of compliance statements, shall be included as a provision in all contracts, grant assignments, licensing agreements, and other similar documents that are used in the administration of programs, services and activities of the Department of Human Services.

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3.3 Maintenance of Records and Reports

- a. The Department will maintain such records and submit such reports as may be required by federal or state agencies to assure compliance with the regulations.
- b. The Department will require such program, agency or facility receiving federal or state financial assistance directly or through contractual, licensing or other arrangements with the Department, to maintain and submit those records and reports deemed necessary to determine compliance.

3.4 Comparable Level of Service

- a. The Department shall take the necessary steps to ensure that resources are available to provide all persons with an equal opportunity to participate in the programs, services and activities administered by the Department. The level of service shall be equally effective as that provided to the general public. Accordingly, each program, service or activity shall be responsible to ensure that:
 1. no person is denied program services or benefits because of the person's inability to communicate in the English language; or due to a disability; and
 2. each unit employee shall arrange for a sign or language interpreter for anyone requiring such accommodation in order to access benefits or services.
- b. To promote a comparable level of service to that provided the general public, programs or activities that have substantial participation of LEP persons or persons with disabilities, shall take the necessary steps to furnish vital program information and notices in the appropriate languages. or in alternate format.

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- c. To ensure that all persons are provided an opportunity to participate in, and benefit from, our programs, services and activities, we must eliminate barriers that may preclude meaningful access for otherwise qualified individuals who might have special needs. In particular persons with disabilities and those with limited English skills might require assistance to access and participate in our programs, services and activities.


1. Providing Access for Persons with Disabilities

Federal and State laws such as the Americans with Disabilities Act, the Rehabilitation Act and the Hawaii Revised Statutes, 371 and 268 prohibit discrimination against individuals with disabilities.

Further it is the policy of the State of Hawaii that, "no qualified individual with a disability is excluded from participation in, denied the benefits of or is otherwise subjected to discrimination by any program, service or activity of the State of Hawaii on the basis of disability."

In keeping with this policy and to meet our obligation under the law as well as benefit from the ideas and efforts of individuals with disabilities, the DHS shall take the following actions:

- (a) Make reasonable modifications to our policies, procedures and practices, to ensure that persons with disabilities are not excluded from participation;
- (b) Provide auxiliary aids and services (i.e., Sign and other language interpreters/translators, TDDs, telephone relay service, large print, Braille, audiocassette, transcribers and so forth) to ensure effective communication access for persons with disabilities, taking into consideration the requesting individual's preference; and
- (c) Ensure our offices that serve the public on a regular basis are accessible. If this is not readily achievable, services shall be programmatically accessible to qualified individuals.

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2. Providing Access for Limited English Proficient (LEP) Persons

Title VI of the Civil Rights Act states, "no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." The exclusion of LEP persons from our programs because of their inability to communicate in English, could be considered a form of national origin discrimination.

In order to comply with Title VI and to benefit from the opportunities to serve LEP persons as well as ensure that they are free from discriminatory practices, we must take the following steps to assure that all eligible persons with LEP have meaningful access to benefits and services we provide.

- (a) Ensure that LEP persons are informed of their right to be provided with interpreter and/or translation services free of charge.
- (b) Translate written materials that are routinely provided in English into regularly encountered languages other than English. It is particularly important to translate vital documents such as applications, consent forms and notices regarding denial or changes in benefits into other languages.
- (c) Contact qualified individuals and organizations, profit and/or non-profit, such as educational institutions, religious organizations, community entities, when interpreter and/or translation services are needed. Utilize qualified bi-lingual staff as well as other qualified multi-lingual individuals who have volunteered to serve as interpreters and/or translators.

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- (d) Utilize technology effectively to promote communication and understanding about programs.

Discrimination will not be tolerated by the DHS. We have an opportunity and obligation to provide services through processes that are free of discriminatory practices.

Employees who engage in discriminatory conduct shall be subject to disciplinary action in accordance with the applicable personnel rules and regulations and/or bargaining unit agreement.

4.0 SCOPE

This policy and procedure applies to all departmental organizational units and administratively attached agencies, employees, clients and potential clients, service providers and contractors.


5.0 RESPONSIBILITIES

5.1 Director

Ensure that all programs, services and activities administered by the Department are provided in an environment free of discriminatory practices.

5.2 Civil Rights Compliance Staff (CRCS)

- a. Develops, coordinates, monitors and maintains all departmental programs related to civil rights and access to services, in accordance with the appropriate federal and state laws and regulations.
- b. Develops and implements policies and procedures relative to providing an opportunity to participate in programs, services and activities.
- c. Provides technical assistance and staff support to the Director, Deputy Director and supervisory personnel in matters concerning non-discrimination in the provision of services.

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- d. Investigates complaints of discrimination in accordance with section 4.10.1 of this Policy and Procedure Manual.
- e. Establishes and maintains a Volunteer Interpreter List of employees and disseminate to each program or activity. The list shall be updated on a semi-annual basis.
- f. Works in consonance with personnel in staff offices and divisions on matters relating to equal opportunity in the provision of services.
- g. Negotiates settlements for, or submits recommendations to the Director for review.

5.3 Executive Director/Staff Officers/Division Administrators

- a. Ensures programs are provided in a non-discriminatory manner to all eligible persons.
- b. Coordinates the Department's compliance programs, services and activities as they relate to their respective organizations.
- c. Provides direct assistance to the Civil Rights Compliance Officer in civil rights-related matters as deemed necessary.
- d. Disseminates list of volunteer employee interpreters to their respective organizational units.
- e. Notifies prospective and actual applicants and clients of their right to interpreter and other services at no cost, in order to ensure access to all departmental programs, services and activities.

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5.4 Program Administrators (includes Division, Branch and Section)


- a. Identifies the language and access needs of their clientele, and persons in the community likely to be affected by their program. Further, they are responsible for planning and administering the program, service or activity in a manner that does not openly result in, or have the effect of, treating a person or a group of persons unfairly.

5.5 Supervisors

- a. Supervisors must ensure the consistent application of the Department's non-discrimination policy and method of administration in the provision of programs, services and/or activities to the public.
- b. Inform each employee of the procedures to provide meaningful access to all individuals, including LEP persons and people with disabilities.

5.6 Employees

- a. Implement and consistently apply the Department's non-discrimination policy and method of administration in the performance of their jobs. This includes, and is not limited to:
 - 1. assisting a client, applicant or potential applicant in order to provide meaningful access to programs, services and activities provided by the Department.
 - 2. explaining to applicants, potential applicants and clients their rights, including the right to language assistance, access and the right to file a complaint;
 - 3. providing auxiliary aids and services and materials in alternate format when requested by a person with a disability; and
 - 4. assisting a person in the complaint process.

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- b. Inform clients and applicants of the availability of language assistance, auxiliary aids and services and the provision of materials in alternate format.
- c. Arrange for a sign or other language interpreter on behalf of the requesting LEP individual and hearing impaired individual, respectively.

6.0 PROCEDURES

6.1 Access to Programs, Services and Activities by LEP Persons


- a. Oral Interpreters
 - 1. When a request for an interpreter is made either orally or in writing, the employee shall determine whether bi-lingual staff in the office or a nearby unit is available who speaks the language being requested.
 - 2. When bi-lingual staff is not available, the employee shall contact a language agency to provide interpreter services.
 - 3. The employee shall contact the language agency at least two weeks before the scheduled appointment with the requesting LEP person. Provide the following information to the language agency:
 - (a) requesting employee's full name and telephone number
 - (b) department, unit and address;
 - (c) employee's telephone number;
 - (d) language needed;
 - (e) client's full name;
 - (f) date and time of appointment;
 - (g) purchase order number
 - 4. Employees may ask the language agency interpreter to call the LEP individual to inform him/her of the scheduled appointment.

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5. Upon completion of the appointment, an Encounter Form provided by the interpreter is completed and signed by the departmental employee and the interpreter. Information on the form includes the end time of the appointment, the nature of the encounter, and the interpreter's full name and signature.
 6. The employee may cancel the request for interpreter, however, if the interpreter is not contacted in time, the Department will be charged a minimum of one hour even though no services are provided.
 7. When the above alternatives are not possible or practicable, the employee shall contact a volunteer interpreter from the Volunteer Interpreter List, which is disseminated by CRCS.
 - (a) The requesting employee shall determine first whether interpreting by the volunteer employee may be informed via telephone to minimize the time the volunteer spends interpreting and away from his/her regular duties.
 - (b) If possible, volunteer interpreters should be familiar with the program for which interpretation is needed.
 8. Telephone interpreter services are available for brief encounters as are video phones and voice recognition packages. Programs shall have internal divisional procedures for utilization of such services.
- b. Translated Materials
1. Division Administrators and Staff Officers shall determine what informational program materials and vital documents shall be translated into languages other than English. This determination shall be based on guidelines set forth in the U. S. Department of Health and Human Services, Office for Civil Rights, Policy Guidance: Title VI Prohibition Against National Origin Discrimination as it Affects

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Persons with Limited English Proficiency. Policy Guidance can be obtained from the CRCS or the Director, DHS website, www.dhs.hawaii.gov.

2. Executive Director/Staff Officers/Division Administrators shall also assess the language needs of their respective project areas to determine the languages that will be translated, to ensure meaningful access to the language groups of people eligible to be served or likely to be affected by the program.

6.2 Access to Programs, Services and Activities by Persons with Disabilities


a. Program Access

Programs are required to operate in such a manner that, when viewed in their entirety, are readily accessible to persons with disabilities. This means making reasonable modifications to program policies, procedures and practices to ensure that persons with disabilities are afforded an opportunity to participate in programs, services and activities of the Department.

Modifications include, and are not limited to:

1. making home visits in lieu of office visits;
2. conducting interviews over the telephone rather than in person; and
3. providing services in an alternate accessible site without compromising confidentiality.

Programs shall not modify policies, procedures or practices if it is determined that a modification would result in a fundamental alteration to the program or create an undue financial or administrative burden. In such situations, the program shall consult with the CRCS to ensure compliance with the applicable laws, rules, regulations and this policy.

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b. Communication Access

The Department shall ensure that persons with communication disabilities have a means of communication that is as effective as that provided to persons without disabilities. Programs shall provide an effective means of communication with people who have hearing, visual, speech or cognitive disabilities by providing auxiliary aids and services. Programs shall take into consideration the preferences of the requesting individual when providing an auxiliary aid or service.


Programs shall not provide an auxiliary aid or service if it will fundamentally alter the program or create an undue financial or administrative burden. Under these circumstances, the program shall consult with CRCS to ensure compliance with the applicable laws, rules, regulations and this policy.

1. Hearing Impairments

Examples of auxiliary aids and services for people who are hearing impaired include, and are not limited to:

- qualified interpreters
 - note takers or computer assisted note takers
 - written material
 - real-time transcription or video text displays
 - amplified and hearing aid compatible telephones
 - assistive listening devices
 - open and closed captioning
 - caption decoders
 - TTYs (teletypewriters), TDDs (telephone devices for the deaf), or TTs (text telephones)
- (a) Procedures for Obtaining Qualified Sign Language Interpreters

Departmental staff shall obtain a qualified sign language interpreter in accordance with Hawaii Administrative Rules Title 11, Chapter 218.

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Interpreters shall be nationally-certified or hold a local certification awarded by a local screening agency.

Appropriate certification level of the interpreter will depend on the nature of the meeting or appointment.


When it is determined that a sign language interpreter is necessary for effective communication, the requesting employee shall contact an interpreter referral service agency with the following information to obtain a sign language interpreter:

- (1) requesting employee's full name
- (2) employee's telephone number
- (3) location of meeting
- (4) purpose of the meeting
- (5) date of appointment
- (6) start and stop time
- (7) interpreter preference of hearing impaired individual
- (8) on-site contact person and telephone number (if different from requesting employee.)

2. Visual Impairments

Examples of auxiliary aids and services for people who have visual disabilities include, and are not limited to:

- printed information on tape cassette or computer diskette, in Braille, or large print, or read by skilled readers;
- verbal description of action and visual information to enhance the accessibility of performances and presentations; and
- a staff member serving as a guide to enable a person who has limited vision to locate items or to find his or her way along an unfamiliar route.

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3. Cognitive Impairments

Examples of auxiliary aids and services for persons with cognitive impairments, include and are not limited to:

- readers
- communication assistants
- rewording of information to use clear and concise language
- pictograms
- graphic presentation of information

4. Speech Impairments

Examples of auxiliary aids or services to persons with speech impairments include, and are not limited to:


- written material
- more active and acute listening on part of listener
- communication assistants who are familiar with person's speech
- typewriter, TTYs or TDDs.

c. Physical Access

The Department shall ensure that all programs, services and activities, when viewed in their entirety be accessible to persons with disabilities. This includes ensuring all DHS offices that serve the public are structurally accessible to persons with disabilities, in accordance with administrative directives related to facility access.

1. State Buildings

Programs shall work with the DAGS, Planning Branch, and the Fiscal Management Office to ensure that existing state buildings are upgraded, when necessary, to meet minimum access requirements. If this is not readily achievable, Programs shall assure that access is achieved programmatically.

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2. Leased Facilities

The Department shall lease office space in accordance with Comptroller's Memoranda, Policy Guidance and Procedures for Leasing Office Space to Ensure Program Access for Persons with Disabilities.

The Department shall ensure that organizational units in leased facilities are accessible to persons with disabilities. The programs shall work with the DAGS, Leasing Branch, when negotiating a new lease or lease renewal.

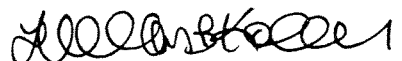
Administrators and Unit Supervisors or a designee shall accompany DAGS in a walk-thru of a prospective leased facility. The programs shall utilize the survey tool provided by DAGS when performing site assessments to determine whether or not the facility meets minimum access requirements.

7.0 IMPLEMENTATION

With the approval of this policy statement and procedures by the Director, the Department's access policy and method of administration shall be implemented and will remain in effect until such time it is cancelled or superseded by order of the Director.

This part shall supersede any prior directive concerning access to programs, services and activities. Authorized modifications of content will not affect the life of these policies and procedures, unless so specified by the Director.

Approved:



Director

Date:

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REQUEST FOR ACCOMMODATION
DEPARTMENT OF _____

Date of Request _____

Please Check One: I am an ☐ Applicant
☐ Employee

Requestor's Name: _____

Class of Work or Position Title and Level: _____

Division/Section/Unit: _____

Worksite Address: _____ **Worksite/Day Phone:** _____

APPLICATION

(Application to be completed by employee/applicant)

1. I am requesting the following accommodation(s): _____

2. It is necessary for me to have this accommodation for the following reasons: _____

Requester's Signature

Date _____

DETERMINATION

Your request of _____ for an accommodation has been:
Date of Request

- ☐ Approved ACCOMMODATION(S) PROVIDED: _____
- ☐ Disapproved REASON(S) DENIED: _____

If you disagree with my determination, you may present additional information to me within ten (10) business days of the date that this determination is made to further substantiate your request. Please call me at _____ to discuss the above decision.
(Telephone/ext.)

Appointing Authority's Signature

Date _____

General Instructions

This form is meant to simplify the processing and recording of requests for accommodations.

REQUEST FOR ACCOMMODATION form (optional)

General Information: To be completed by employee or applicant making request.

Department of: Enter the name of the department this request is made at.

Date of Request: Enter the date this application for request is made.

I am an: Check only one. Employee includes new appointee or applicant which has accepted an offer of employment.

Requester's Name: Self explanatory. Enter the name the requester is using for employment with the State.

Class of Work or Position Title and Level: If an employee enter information on position held else if an applicant enter information on the position you are applying for.

Division/Section/Unit: Enter only if employee of the State.

Worksite Address: Enter only if employee of the State.

Worksite/Day Phone: If an employee enters worksite phone number else applicant enter phone number we can contact you during the day.

Application: To be completed by employee or applicant making request.

1. **Requesting accommodation(s):** Describe what requester believes is needed.
2. **Reasons:** Describe the disability and functional limitations which make this request necessary.

Requester's Signature: Self explanatory.

Date: Enter the date application is signed.

Determination: To be completed by the Appointing Authority of the Department receiving the request.

Date of Request: Enter date of signature.

Approved/Disapproved: Check one only.

Accommodations provided: If approved, enter accommodation to be provided.

Reason(s) Denied: Enter reasons request denied. Be specific.

Telephone/ext.: Enter appointing authority's voice and TT access as appropriate.

Appointing Authority's Signature: Self explanatory. (Signature of supervisor or higher level designee as specified by department head.)

Date: Enter date of appointing authority's signature of action.

FOR INTERNAL USE ONLY

Submit for internal action only if request is unreasonable or presents a hardship on the employer.

FOR INTERNAL USE ONLY

Date Request Received: _____

Final Decision: _____

Action Taken: _____

Comments: _____

Examiner/Supervisor's Name: _____

Date of Final Decision: _____

Date Notice Sent: _____

Some possible LEP Resource **People**

E-mail addresses:

LLaglagaron@migrationpolicy.org or
MFix@migrationpolicy.org
Michael Fix, Migration Policy Institute

ILee@aecf.org
Irene Lee, Annie E. Casey Foundation

djang@apiahf.org
Deeana Jang, Asian Pacific Islander American Health Forum

Thomas.Lee@sfgov.org
Thomas Lee, San Francisco Office of Language Translation Services

Jeanne_zarka@sfgov.org
San Francisco Human Services Agency

Mark.Lewis@dfa.state.ny.us
Mark Lewis, New York City Administration for Children's Services

PHatch@dhr.state.md.us
Patricia Hatch, Maryland Office for New Americans

Some **websites** that might be helpful:

<http://www.migrationpolicy.org>

<http://www.usda.gov>

<http://www.doj.gov>

<http://www.hhs.gov>

EEO Posters can be ordered on line at <http://www.eeoc.gov>
or

Equal Employment Opportunity Commission
P. O. Box 541
Annapolis Junction, MD 20701-0541

Justice for All Posters can be downloaded from USDA/FNS website

SAMPLE

Attachment B

Sample Form for Collecting LEP Information

This form is to be completed by DHS staff providing services to or encountering a person with Limited English Proficiency. Please complete one LEP form for each person served or encountered.

Staff Name: To Slow Date: 8/1/07
Division: Voc. Rehab Office: Oahu-Ho
Name of LEP person if known: JANE YO

1. What is the primary language spoken by the LEP individual?
(i.e., Mandarin, Cantonese, Micronese, Ilocano, Tagalog, Japanese, Korean, Samoan, etc.)
CANTONESE
2. List the dates and types of program services you provided this person?
(i.e. program information, processed application, decisions notification, job placement, etc.)
Job Placement
3. Was the program service provided within the same time frame as services provided to non-LEP clients?
Yes X No (If no, please indicate whether the delay was due to need for LEP assistance?)
Could NOT find certified interpreter
4. How often did you provide services to or encounter this individual?
(i.e., one time event, weekly, monthly, etc.)
Weekly
5. What type of LEP services did you provide this person?
(i.e., oral interpretation in person or by phone, written translation, none, etc.)
ORAL by phone
6. Who provided the interpreter services?
(i.e., multilingual staff, contracted interpreter, telephone interpreter service, community volunteer, LEP person's family member, friend, own interpreter, etc.)
Telephone interpreter service
7. Was this person satisfied with the interpreter services provided?
Yes No (if No, please explain the dissatisfaction, Use reverse side of this sheet if needed)
X do NOT know did not complain

SAMP¹²

Oral Translation Services Log

For the Month ending August 2007

Division/Office: BESSD Project Code (if applicable): 0002

Date	Translation Service Used	Start Time	End Time	Originating Phone #	Language
8/3	Tele-Interp	1 PM	1:30 PM	586-0000	CANTONES
8/6	ADA Smith / ORAL	3 PM	3:30 PM	586-2222	ILOCANO
8/9	JOE KANONAL	1 PM	1:30 PM	586-4444	TAGALOG
8/12	DANN TANG / WRITTEN	2 PM	2:30 PM	586-5555	CHUKES

Comments from LEP clients or their representative(s) regarding quality of services provided:

THANK YOU
Need Further ASSISTANCE
Helped me get SS #
Friendly
Rude

Approved by: Khuil Date: 8/31/07

Limited English Proficiency (LEP) Division/Office Report

For: July 1, 2007—December 1, 2007

Form to be completed and submitted to DHS, Civil Rights Compliance Staff, no later than December 1 of each year. The information will be used to determine (among other things) the number of LEP persons requiring translation services and types of languages needing translated. DHS,CRCS, will utilize the questionnaire to gather more detailed information necessary to enable DHS to provide meaningful access to LEP clients.

Division/Office: _____ Contact Person _____

Total LEP Persons:	<i>Number Served</i>
Methods used to Inform LEP Persons of LEP Information	<i>Yes or No</i>
Language identification flashcard	
Posters informing LEP persons of language services	
Outreach documents in other languages	
TeleInterpreters Services	
Multilanguage mailer inserts	
LEP information on website	
Other:	
Types of Documents Translated:	<i>Yes or No</i>
Applications	
Agendas/Minutes	
Letters or notices regarding public meetings	
Complaint forms	
Other:	
Number of complaints filed due to language access issues:	<i>Number of Grievances or Complaints</i>
Please indicate number of grievances and/or complaints your division or office handled during the report period because of language access issues. Please also provide below or on an attachment the date filed and a short description of the issue.	

Self-Identification

Date _____ Position # _____ Code _____ Gender ☐ F ☐ M

The Department of Human Services' (DHS) is committed to creating an environment that is free of discriminatory practices. Civil Rights responsibility is a shared responsibility among supervisors, employees, clients and applicants for employment and services. These responsibilities require periodic reports by race/ethnicity, national origin, gender, disability and status as a veteran. The information is used for statistical purposes only and is voluntary. The information is kept confidential and will not be used in any way to evaluate you.

1. Are you American Indian or Alaska Native? ☐ Yes ☐ No
(A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
2. Are you Asian? ☐ Yes ☐ No
(A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
3. Are you Black or African American? ☐ Yes ☐ No
(A person having origins in any of the black racial groups of Africa.)
4. Are you Hispanic or Latino? ☐ Yes ☐ No
(A person of Cuban, Mexican, Puerto Rican, South or Central American, other Spanish culture or origin, regardless of race.)
5. Are you Native Hawaiian or Other Pacific Islander? ☐ Yes ☐ No
(A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands excluding Philippine Islands.)
6. Are you White (Caucasian)? ☐ Yes ☐ No
(A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)
7. Are you more than one race? ☐ No ☐ Yes, Please specify _____
8. Are you some other race? ☐ No ☐ Yes, Please specify _____
9. What is your place of birth? _____
City State Province Country
10. What is your PRIMARY language spoken at home? _____
11. What is your SECONDARY language spoken at home? _____
12. What additional languages, if any, do you speak fluently? _____
13. What additional languages, if any, can you provide written translation? _____
14. Do you know how to sign in ASL? ☐ Yes ☐ No Other? ☐ No ☐ Yes*,
*Please Specify _____
15. Are you a ☐ Disabled Veteran, ☐ Disabled Individual (non-Veteran), ☐ Neither?
16. If there are duties you cannot perform because of a physical or mental disability, please describe on a separate sheet, mark it confidential, and send to PERS/CRCS.

THANK YOU If you wish to volunteer interpreter or translation services in one or more languages, please e-mail gwatts@dhs.hawaii.gov

**INTERNAL
COMMUNICATION FORM**

DEPARTMENT OF HUMAN SERVICES

Suspense

Subject: DHS VOLUNTEER INTERPRETER LIST UPDATE

Originator:

To: SOs, DAs, BAs

From: PERS

Date: 09/20/07

Memo No. 1

The attached Volunteer Interpreter List represents part of the Department's effort to comply with State and Federal laws which prohibit discrimination based on race, color and national origin (including and not limited to Limited English Proficiency—LEP). These laws, and accompanying regulations, strictly prohibit discrimination against applicants, potential applicants, and/or clients who speak little or no English and require that we inform our service applicants, potential applicants, and recipients of their right to interpreter services **free of charge**.

REQUIRING APPLICANTS, POTENTIAL APPLICANTS, OR CLIENTS TO BRING THEIR OWN INTERPRETERS WITH THEM TO INTERVIEWS OR OTHER APPOINTMENTS IS PROHIBITED, EVEN THOUGH THIS IS WHAT THEY PREFER.

Please be aware that employees on the list are volunteers and should be contacted only when other resource options, including procurement of professional interpreter services, have been considered. Divisions functioning under contractual language interpretation agreements should attempt to make service arrangements with the contractor before contacting volunteer employees for interpreter services. All other divisions may use the agency of choice. One recommended source to consider includes court interpreters. Another is a list of interpreters provided by the Disability and Communication Access Board (DCAB) which is available from the Civil Rights Compliance Staff, 586-4955. Other sources may include electronic contacts which can be identified by using the web. Prudent verification of credentials of interpreters is encouraged.

To the extent possible, please adhere to the following guidelines when requesting volunteer assistance:

1. Ensure that other options are not available or practical;
2. Seek volunteers who are familiar with your program;
3. Consider the feasibility of having the volunteer perform interpretation electronically;
4. When your interpreter needs require face-to-face contact, seek volunteer employees located at the same worksite or general geographical area.

Remember that volunteer interpreters perform interpreter services in addition to their official duties. Therefore, they are available to the extent that their participation in this program does not conflict with the performance of their regular duties.

If you have questions regarding the volunteer interpreter program, or if there are changes that need to be made to this list, please call Geneva Watts, Personnel Office, CRCS at 586-4955 or e-mail gwatts@dhs.hawaii.gov.


PERS

Attachment

c: DIR, CSW, HPHA, OYS

Interpreter List 09/2007.doc:GW

DEPARTMENT OF HUMAN SERVICES							VOLUNTEER EMPLOYEES INTERPRETER LIST					
Updated 9/07												
LAST NAME	FIRST NAME	POS. TITLE	ISLAND	DIV.	UNIT	PHONE #	LANGUAGE (or Dialect)	LEVEL SPOKEN	LEVEL WRITTEN			
ANDERSON PANEM	RONNIE JOCELYN S.	SS ASST SW III	HAWAII HAWAII	SSD SSD	WHCWS/Kamuela, U39 SSD/CWSB/EHCWSS	887-6190 933-0358	FRENCH ILOCANO	FLUENT FAIR	FLUENT FAIR			
DEMELLO OWENS	KAY J FREDA	SW/HSP HPS	HAWAII HAWAII	BESSD BESSD	WEST HI/N KONA 2 WHS/NK2	327-4755 327-4755	JAPANESE PAIUTE	FLUENT LIMITED	FAIR LIMITED			
ESPINA PANEM	AVELINA JOCELYN S.	ELIG WKR SW III	HAWAII HAWAII	BESSD SSD	N HILO II SSD/CWSB/EHCWSS	933-0321 933-0358	TAGALOG TAGALOG	FLUENT FAIR	FLUENT FAIR			
ANDERSON ESPINA	RONNIE AVELINA	SS ASST ELIG WKR	HAWAII HAWAII	SSD BESSD	WHCWS/Kamuela, U39 N HILO II	887-6190 933-0321	TAHITIAN VISAYAN	FLUENT FLUENT	FLUENT FLUENT			
PANEM	JOCELYN S.	SW III	HAWAII	SSD	SSD/CWSB/EHCWSS	933-0358	VISAYAN	FLUENT	FLUENT			
CHRISTIAN	CLAUDIA	SSA	KAUAI	SSD	EAST CWS	821-4457	GERMAN	FLUENT	FLUENT			
REMIGIO	EMELYN	CLK TYPIST	KAUAI	BESSD	SOUTH	241-3660	ILOCANO	LIMITED	LIMITED			
REVELS	ROBERT	ELIG WKR	KAUAI	MQD	ELIG BRANCH	241-3578	SIGN LANG	FLUENT	N/A			
DOUTHITT	LUCY	CI/APS SUPV	KAUAI	SSD	CENTRAL CWS	274-3311	SPANISH	FLUENT	FLUENT			
GARCIA	RAMON	SSA	MAUI	SSD	EAST CWS	243-8651	ILOCANO	FAIR	FAIR			
GARCIA	RAMON	SSA	MAUI	SSD	EAST CWS	243-8651	PANGASINAN	FLUENT	FLUENT			
VALENCIA	DAVID	ELIG WKR	MAUI	MQD	ELIG BRANCH	243-5780	SPANISH	FAIR	LIMITED			
GARCIA	RAMON	SSA	MAUI	SSD	EAST CWS	243-8651	TAGALOG	FLUENT	FLUENT			
ALDEGUER	ALMA	CLK	OAHU	MQD	PRVDR HOTLINE	692-7363	AM SIGN LANG	FAIR	N/A			
ISHIDA	MARGARET	VRS	OAHU	VRSBD	WAIANA	692-7725	AM SIGN LANG	FAIR	N/A			
IBRAHIM	SAHAR	BLDG ENG	OAHU	HPHA	DB/CMS 2	832-6006	ARABIC	FLUENT	FLUENT			
CHU	YUEN KAI	PA CLK	OAHU	FMO	MPS	586-5043	CANTONESE	FLUENT	FLUENT			
CHUN	CAROL	REHAB TCHR	OAHU	VRSBD	COUNSELING	586-5281	CANTONESE	FAIR	FAIR			
KWONG	NEUMAN	RPN	OAHU	SSD	ADLT PRO SV	832-5074	CANTONESE	FLUENT	FLUENT			
LI	WATSON	CLK	OAHU	BESSD	PAWAA	587-5294	CANTONESE	FLUENT	FLUENT			
LUO	XIAOPING	IT SPEC	OAHU	OIT	SYS MGMT	586-2385	CANTONESE	FLUENT	FLUENT			
MIU	CHARLES	SSSSS	OAHU	BESSD	DT FTW I	587-3855	CANTONESE	FLUENT	FLUENT			
TSARK	AMY	SOC SVC MGR	OAHU	SSD	CWSB	586-5667	CANTONESE	FLUENT	FLUENT			
GALLEN	MYRA	CLK TYPIST	OAHU	BESSD	OBS3/KALIHI	832-5532	CHUUKESSE	FLUENT	FLUENT			
VANEK	JIRI	IT SPEC	OAHU	OIT	SSMS	586-5075	CZECH	FLUENT	FLUENT			
KEMPER	MAIJA	ELIG WKR	OAHU	BESSD	KINAU UT	832-4960	FINNISH	FLUENT	FLUENT			
KOENIG	NORMA K.	SCP Director	OAHU	SSD	ACCSB/SCP	586-5190	FRENCH	FLUENT	FLUENT			
DELORME	MARC	Aging Spec IV	OAHU	SSD	ACCSB/SCP	586 5191	FRENCH	FLUENT	FLUENT			
SPULER	CRISTINA	ELIG WKR	OAHU	BESSD	KALIHI IM	832-5529	FRENCH	FAIR	FAIR			
BURMEISTER	KATHARINA	ELIG WKR	OAHU	MQD	EB OOU III	587-3548	GERMAN	FLUENT	FLUENT			
HISATAKE	KAREN M.	SECRETARY	OAHU	SSD	CWSB/SCWSS	832-0340	HAWAIIAN	FAIR	FAIR			
LAPILIO	AINAHAU	Clerk/Typist	OAHU	MQD	MQD/EB/OOU 2/116	587-3549	HAWAIIAN	FLUENT	FLUENT			

LAST NAME	FIRST NAME	POS. TITLE	ISLAND	DIV.	UNIT	PHONE #	LANGUAGE (or Dialect)	LEVEL SPOKEN	LEVEL WRITTEN
BUMAGAT	MATILDE	CLK	OAHU	BESSD	WAIKELE IM	675-0042	ILOCANO	FLUENT	FLUENT
GALIZA	JERRY	ACCT CLK	OAHU	FMO	COLL/RECVRY	586-5207	ILOCANO	FLUENT	FLUENT
GALLANO	LORNA D.	ACCT CLK	OAHU	VRSD	SBB/ES	586-5286	ILOCANO	FLUENT	FAIR
LASQUITE	EVELYN	PRE-AUD CLK	OAHU	FMO	PRE-AUDIT	586-5024	ILOCANO	FLUENT	FLUENT
MANIPON	PONCHITO A.	COMP PRGM SUPV	OAHU	OIT	ADMS/CPS	586-5151	ILOCANO	FLUENT	FLUENT
HENSON	AIMEE	VOCREHB SP	OAHU	VRSD	METRO	586-4845	ILOCANO	FLUENT	FLUENT
RAMOS-RAZON	BEATRICE	RPN	OAHU	SSD	SSO/MWS/C&M	587-4265	ILOCANO	FLUENT	FLUENT
LUMABUS	PLACIDO	BMW	OAHU	HPHA	PMMSB/OMU III	832-3153	ILOCANO	FLUENT	FLUENT
COSTELLO	CHRISTINE	IT SPEC	OAHU	OIT	SYS MGMT	586-2386	ITALIAN	FAIR	FAIR
ITO	TOMOKO	PERS.MGT.SPEC	OAHU	PERS	TRAINING UNIT	586-4973	JAPANESE	FLUENT	FLUENT
CHO	SHIL-FONG	ELIGIBILITY WORKER	OAHU	MDQ	UNIT 115	587-3540	JAPANESE	FAIR	FAIR
TAKEDA	JENNIFER	ELIG WKR 1	OAHU	BESSD	WAIANAE UNIT 207	697 7895	JAPANESE	FAIR	LIMITED
LEE	HYOJIN	CLERK TYPIST	OAHU	OYS	HASEKO	393-4145	JAPANESE	FAIR	FLUENT
LEE	HYOJIN	CLERK TYPIST	OAHU	OYS	HASEKO	393-41-45	KOREAN	FLUENT	FLUENT
CHUNG	REBECCA	SSSS	OAHU	BESSD	DTFTW2	587-6550	KOREAN	FLUENT	FLUENT
SALCEDO	DIANN	ELIG WKR	OAHU	BESSD	PAUAHI	587-3732	KOREAN	FLUENT	FAIR
CHARLES	HUI SON	ELIG WKR	OAHU	MQD	EB OAU II	587-3564	KOREAN	FLUENT	LIMITED
YEE	SUNNY	ELIG WKR	OAHU	MQD	KAPOLEI	692-7381	KOREAN	FLUENT	FLUENT
OUANESISOUK	PHET	SECTY	OAHU	VRSD	CENTRAL	586-5162	LAO	FLUENT	FLUENT
LI	WATSON	CLK	OAHU	BESSD	PAWAA IM	587-5294	MANDARIN	LIMITED	LIMITED
LUO	XIAOPING	IT SPEC	OAHU	OIT	SYS MGMT	586-2385	MANDARIN	FLUENT	FLUENT
YU	MINGQIU	RES STAT	OAHU	MSO	RESEARCH	586-5111	MANDARIN	FLUENT	FLUENT
CHO	SHIL-FONG	ELIGIBILITY WORKER	OAHU	MQD	UNIT 115	587-3540	CHINESE	FLUENT	FLUENT
CONTE	GRACE	CLK	OAHU	BESSD	WW APP	233-3621	PALAUAN	FAIR	LIMITED
ROBERTS	HASINTA	PRE-AUD CLK	OAHU	FMO	BENEFIT/PAY	586-5047	PALAUAN	FLUENT	FLUENT
RAMOS-RAZON	BEATRICE	RPN	OAHU	SSD	SSO/MWS/C&M	587-4265	PAMPANGO	FLUENT	FLUENT
GALLANO	LORNA D.	ACCT CLK	OAHU	VRSD	SBB/ES	586-5286	PANGASINAN	FAIR	FAIR
MANIPON	PONCHITO A.	COMP PRGM SUPV	OAHU	OIT	ADMS/CPS	586-5151	PANGASINAN	FLUENT	FLUENT
GALLEN	MYRA	CLK TYPIST	OAHU	BESSD	OBS3/KALIH	832-5532	POHNPEIAN	FLUENT	FAIR
MORIN	BEATA	C/APS SPC	OAHU	SSD	SP SVC CMU	692-7838	POLISH	FLUENT	FLUENT
MASANIAI	BARBARA C.	SS AIDE	OAHU	SSD	CCWSS/CCW2	692-7800	SAMOAN	FLUENT	FLUENT
TAUANU'U	FU'AMELEKE	EW	OAHU	MQD	OOU II	587-3547	SAMOAN	LIMITED	FAIR
ALDEGUER	ALMA	CLK	OAHU	MQD	PRVDR HOTLINE	692-7363	SPANISH	FLUENT	FAIR
KEMPCZENSKI	PAUL	SW	OAHU	SSD	ADULT INTAKE	832-0607	SPANISH	FAIR	FAIR
KOENIG	NORMA K.	SCP Director	OAHU	SSD	ACCSB/SCP	586-5190	SPANISH	FLUENT	FAIR
SPULER	CRISTINA	ELIG WKR	OAHU	BESSD	KALIH IM	832-5529	SPANISH	FLUENT	FLUENT
VILLAREN III	IRENO	SSA	OAHU	SSD	DHCWSU 3	832-5344	SPANISH	FLUENT	FAIR
QUICHIZ-JUDD	NINA	SOCIAL WORKER	OAHU	SSD	SSD/CWSSB/OSSCMU	692-7824	SPANISH	FLUENT	FAIR
GALIZA	JERRY	ACCT CLK	OAHU	FMO	COLL/RECVRY	586-5207	TAGALOG	FLUENT	FLUENT
GALLANO	LORNA D.	ACCT CLK	OAHU	VRSD	SBB/ES	586-5286	TAGALOG	FLUENT	FAIR
GOMEZ	CYNTHIA	ACCT	OAHU	FMO	PRGM ACCTG I	586-5647	TAGALOG	FLUENT	FLUENT

[illegible]

VOLUNTEER INTERPRETER FORM

I would be willing to serve as a volunteer interpreter, to assist with services provided by the Department of Human Services.

Name: _____

Division/Branch/Section/Unit: _____

Position Title: _____

Business Phone: _____

Name of Supervisor: _____

LANGUAGE(S)

LEVEL OF FLUENCY (Please Check)

		<u>Spoken</u>				<u>Written</u>		
		Limited	Fair	Fluent		Limited	Fair	Fluent
1)	_____	_____	_____	_____		_____	_____	_____
2)	_____	_____	_____	_____		_____	_____	_____
3)	_____	_____	_____	_____		_____	_____	_____

I understand this program is strictly voluntary. I will inform the Personnel Office, Civil Rights Compliance Section if I should wish to withdraw my services.

(signature)

Language Interpretation/Translation Providers

- **BILINGUAL ACCESS LINE (Oral interpretation & written translation)**
Helping Hands of Hawai'i
2100 N. Nimitz Hwy.
Honolulu, HI 96813
Ph: 808-526-9724
- **PACIFIC GATEWAY CENTER (Oral interpretation & written translation)**
720 N. King St.
Honolulu, HI 96817
Ph: 845-3918
- **DISABILITY & COMMUNICATION ACCESS BOARD (Sign Language)**
Certified List of individual providers (see attached)
- **LIBRARY FOR THE BLIND & PHYSICALLY HANDICAPPED (Braille services)**
402 Kapahulu Ave.
Honolulu, HI 96815
Ph: 733-8444(TTY/Voice)

THE JUDICIARY • STATE OF HAWAII
LIST OF REGISTERED COURT INTERPRETERS
(EXTERNAL DISTRIBUTION)
May 1, 2007

This List of Registered Court Interpreters (External Distribution) includes individuals who have registered with the Hawai'i Judiciary as of May 1, 2007, and have given permission to publish/release their names and contact information. This List is to be used to select interpreters for paid interpreting/translating assignments only. Please note:

- The Judiciary does not endorse, screen, or certify the individuals listed.
- The user is responsible for determining the qualifications and competence of the individuals to be used.

<u>LANGUAGE</u>	<u>ISLAND</u>	<u>NAME</u>	<u>CONTACT #</u>
AMERICAN SIGN	Oahu	BOWNDS, BEVERLY K.	389-8997(C), bevsignasl@yahoo.com
AMERICAN SIGN	Oahu	COOPER, KENNEDY L.	381-8378(C), kennedyclm@yahoo.com
AMERICAN SIGN	Oahu	FRIED, JAN L.	734-5889(H), 734-9154(B), 734-9893(F), jfried@hawaii.edu or janfried@hotmail.com
AMERICAN SIGN	Oahu	HIRAGA, MARTIN K.	218-0351(C), mhiraga@mac.com(P), martin.hiraga@macsrule.com
AMERICAN SIGN	Oahu	JACKSON, DEBBRA L.	239-6163(H), dleighjackson@hotmail.com
AMERICAN SIGN	Oahu	KIA, ROSALIND K.	255-6379(C), 988-9664(F), rozkia@aol.com
AMERICAN SIGN	Oahu	KROE-UNABIA, SUSAN L.	396-1800(B), susankroe@aol.com
AMERICAN SIGN	Oahu	LAMBRECHT, LINDA Y.	239-7660(F), aslteal@tmail.com
AMERICAN SIGN	Oahu	LANI, TAMAR H.	537-5933(H), 216-6898(C), tamarlani@verizonmail.com
AMERICAN SIGN	Maui	GOODHUE, ELIZA W.	878-4194(B), elizaflower@yahoo.com
AMERICAN SIGN	Maui	POST, LAURIE A.	873-3532(B)
AMERICAN SIGN	Hawaii	DRAVIS-TUCKER, MALINA S.	936-0046(C)
AMERICAN SIGN	Hawaii	KERN, KU MEI B.	896-9059(B)(C), kooshmabob@yahoo.com
AMERICAN SIGN	Hawaii	TRUJILLO, TARA M. W.	557-1616(C), 934-0827(H), tarawolf@hotmail.com
AMERICAN SIGN	Kauai	LITTLETON, LARRY M.	littletonl@aol.com
AMERICAN SIGN	Kauai	WARREN, SUSAN K.	241-1386(H)
ARABIC	Oahu	GENANE, HICHAM	384-1698(C), 941-2362(H)

THE JUDICIARY • STATE OF HAWAII
LIST OF REGISTERED COURT INTERPRETERS
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- The user is responsible for determining the qualifications and competence of the individuals to be used.

<u>LANGUAGE</u>	<u>ISLAND</u>	<u>NAME</u>	<u>CONTACT #</u>
BULGARIAN	Oahu	STEFANOV, IOVO I.	358-2770(B)(C), iovo@iovoform.com
CANTONESE	Oahu	AU, NANETTE Y.B.	533-2108(H), 523-6468(B)
CANTONESE	Oahu	CHAN, TITUS M. W.	983-1327(H)(B)
CANTONESE	Oahu	CHANG, CHO ON	386-8554(C), 589-5553(B), 674-2796(H), longfingemails@usa.net
CANTONESE	Oahu	CHEONG, CHAY C.	taiahko@gmail.com
CANTONESE	Oahu	CHEUNG, EMILY W.	391-2829(C)
CANTONESE	Oahu	CHEUNG, REGINA K.	737-4838(H), 398-4875(C), reginacheung7@hotmail.com
CANTONESE	Oahu	CHOI, CANDY	429-2028(C), kityeechoi@hotmail.com
CANTONESE	Oahu	CHOI, JOHNSON	524-5738(B), 222-8183(C), 524-8063(F), johnsonchoi@johnsonchoi.com
CANTONESE	Oahu	CHUN, CLARENCE FRANCIS	536-0428(B)
CANTONESE	Oahu	HO-SIPES, SUK MEI S.	meiho@hawaii.rr.com
CANTONESE	Oahu	JAO, DAVID	753-9090(C), 955-7222(H)(F), 955-2100(B), americanwandi@aol.com
CANTONESE	Oahu	KAN, RAYMOND K.O.	488-5143(H), 571-8640(P)
CANTONESE	Oahu	LAW, LORENA L.	536-0729(H)
CANTONESE	Oahu	LEE, LAISIN H.	342-8660(C), lslee@hawaii.rr.com
CANTONESE	Oahu	LEUNG, JANICE M.	382-2787(B)(C), 595-2822(H), leungj@hawaii.edu
CANTONESE	Oahu	MA, GAIL Y.F.	944-6563(H), 561-3905(C), gma@pixi.com

THE JUDICIARY • STATE OF HAWAII
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<u>LANGUAGE</u>	<u>ISLAND</u>	<u>NAME</u>	<u>CONTACT #</u>
CANTONESE	Oahu	NG, MEI LING	781-1878(C), 672-0888(H), 672-0510(F)
CANTONESE	Oahu	SUGG, ESTHER T.	597-1799(H)
CANTONESE	Oahu	WONG, JOSEPH W.K.	536-7006(H), jwguisi@aol.com
CANTONESE	Oahu	WONG, PAUL B.H.	373-1108(H), 843-6689(P), 373-3238(F)
CANTONESE	Oahu	WONG, WILLY	677-2510(B), 676-6460(F), wongw@kahi.org
CANTONESE	Oahu	YAP CHANG, HWEE LUAN	951-0350(B), 306-4566(C), 951-0352(F), hweeluan@yahoo.com
CANTONESE	Oahu	YE, JING	218-8088(C), yejing@hawaii.edu
CANTONESE	Oahu	YIP, SHERRIE M.	531-2859(B)
CANTONESE	Oahu	YIP, WENDY	383-8938(C)
CANTONESE	Oahu	YU, CHUN KEUNG	383-5511(H)(C)(P), archieyu@yahoo.com
CANTONESE	Maui	O'NEILL, ALICE	244-6929(B), 244-9643(F)
CANTONESE	Hawaii	TRAN, TAC T.	981-2757(B)
CEBUANO	Oahu	LINDSTROM, EVA R.	728-3089(C), erepollo@yahoo.com
CEBUANO	Hawaii	VASQUEZ, ESQUIELA L.	323-2589(H)
CHIU CHOW	Oahu	SUGG, ESTHER T.	597-1799(H)
CHUNG SHAN	Oahu	WONG, JOSEPH W.K.	536-7006(H), jwguisi@aol.com
CHUNG SHAN	Oahu	WONG, PAUL B.H.	373-1108(H), 843-6689(P), 373-3238(F)

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CHUUKES	Oahu	ALBERT, JOSEPHINE M.	391-8724(C), jmatranslations@aol.com or jsalbert6@aol.com
CHUUKES	Oahu	CHOSA, BENJAMIN K.	841-1734(H)
CHUUKES	Oahu	FRITZ, GREGORIA M.	734-3445(H)
CHUUKES	Oahu	HILARIO, EVANGELINE	457-2785(C), evangeline.hilario@student.chaminade.edu
CHUUKES	Oahu	IRONS, BERTY M.	bertyirons@yahoo.com or apip98@yahoo.com
CHUUKES	Oahu	IWO, JOANES	587-4690(H)
CHUUKES	Oahu	KAFOTO, YOSANI ESA	386-2827(C)
CHUUKES	Oahu	RAWIT, JUAN	723-5073(C)
CHUUKES	Oahu	RICKYSACH, TENDER	206-2987(C), tender@hawaii.edu or tenritrs@yahoo.com
CHUUKES	Oahu	RUBEN, FIULING S.	845-9583(H)(B), 275-6146(C), fiusr@excite.com
CHUUKES	Oahu	SHEPHERD, RENEE J.	(503) 545-9910(C), rs2rhyme@hawaii.rr.com
CHUUKES	Oahu	SUDA, ELFRIEDE D.	537-5953(H), 371-5999(C), elfriede@hawaii.edu
CHUUKES	Maui	YGANA, KAREN M.	298-3720(C)
CHUUKES	Hawaii	JOSEPH, ERUNTINA A.	989-5252(C)
CZECH	Oahu	LOCQUIAO, BARBORA S.	927-1783(C), suchabarbora2@yahoo.com
DUTCH	Oahu	SUNDBERG, DAGMAR K.	261-9796(H)
DUTCH	Maui	TORRES, SAUDINA O.	281-8629(C), 874-6223(H), 871-1114(B), sauditorr@aol.com

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FARSI	Oahu	NIKOU, MOANA R.	254-1015(H), 845-9164(B), 226-3729(C), mrnikou@hotmail.com
FARSI	Oahu	NOURBAKSH, MONIQUE	561-8666(C), moniquenour@hotmail.com
FRENCH	Oahu	CHU-DUFFETT, ADELE M.	988-5176(B), uchaleda@yahoo.com
FRENCH	Oahu	CHUN, CLARENCE FRANCIS	536-0428(B)
FRENCH	Oahu	DRUKER, ROMAN	487-7774(B), 641-5777(P), rdrukerr@cs.com
FRENCH	Oahu	GENANE, HICHAM	384-1698(C), 941-2362(H)
FRENCH	Oahu	GOPWANI, TANIA R.	530-5846(P)
FRENCH	Oahu	MILLER, STANLEY FRANCOIS	923-9079(B), 922-8309(F)
FRENCH	Oahu	SUNDBERG, DAGMAR K.	261-9796(H)
FRENCH	Hawaii	MOTOLA, J. ASHER	326-4571(H), asher@uofnkona.edu
GERMAN	Oahu	SUNDBERG, DAGMAR K.	261-9796(H)
GERMAN	Hawaii	BLATTLER, ANGELA	935-7952(H)(B), blattlers@juno.com
GERMAN FRAKTUR (Gothic)	Oahu	GAU, WAYNE W.	735-9689(B)
GREEK	Oahu	AVLONITIS, GEORGE	228-6655(H)(B)(C) [call after 1 pm]
GREEK (Classical)	Oahu	GAU, WAYNE W.	735-9689(B)
IBANAG	Oahu	DONATO, MARIA M.	677-5848(H)
ILOKANO	Oahu	AGBAYANI, GREGORIA A.	853-2386(H)

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ILOKANO	Oahu	ALBANO, OFELIA M.	677-8878(H), 236-8301(B), 230-3273(C)
ILOKANO	Oahu	ALIMBUYUGUEN, RAFAEL O.	484-9872(H), 382-0574(B)(C), milda.agbayani@verizon.net
ILOKANO	Oahu	CLEMENTE, ROGER G.	456-4925(H), 383-5259(C)
ILOKANO	Oahu	DALERE, VICTOR T.	386-2401(C), 621-8969(H), vdalere@hotmail.com
ILOKANO	Oahu	DELA PENA, LOURDES J.	256-3976(B)(C), 671-4128(H)
ILOKANO	Oahu	DONATO, MARIA M.	677-5848(H)
ILOKANO	Oahu	ELVENIA, HERMINIA	486-5295(H)
ILOKANO	Oahu	FLORES, ABRAHAM R., JR.	845-8496(H)(B)(F), 352-3030(C), floresjra@hawaii.rr.com
ILOKANO	Oahu	HARDIN, CATHERINE C.	681-0660(H), 375-2670(C)
ILOKANO	Oahu	LAZARTE, LILIA EDNA B.	306-1218(C), 678-1088(H), 584-3081(P), 676-8872(F)
ILOKANO	Oahu	LLANA, TEDDY S.	832-1488(H), 832-1487(H), t3dllana@aol.com
ILOKANO	Oahu	LOPEZ, EDISON M.	277-2435(C), 853-2247(H)
ILOKANO	Oahu	MANZANO, MARIA CORAZON B.	531-5946(H), 282-3081(P)
ILOKANO	Oahu	PACQUING, VIRGILIO A.	687-3881(H), 782-3245(C)
ILOKANO	Oahu	PASCUAL, TRINA P.	834-2970(H)
ILOKANO	Oahu	TAGAYUNA, ALEJANDRINO A.	286-2767(C), 637-9038(H), 284-0722(C)
ILOKANO	Oahu	TAMORIA, ANDRES G.	206-2244(C), 685-5351(H)

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ILOKANO	Oahu	VALDEZ-MIER, CARMELITA	294-1524(C), 676-4957(H), 523-8839(B), 533-4201(F)
ILOKANO	Maui	MARIANO, MAXIMA A.	877-6895(H)
ILOKANO	Maui	YLLERA, ARNIE JEROME M.	242-1491(H), 276-2768(C), ajyllera68@hotmail.com
ILOKANO	Maui	YLLERA, FRED S.	242-1491(H), 276-1415(C)
ILOKANO	Maui	YLLERA, SARAH M.	242-1491(H), 385-3555(C), 244-5952(F), syllera@hawaiiantel.net
ILOKANO	Hawaii	BAUTISTA, BELLA B.	989-3359(C)
ILOKANO	Hawaii	DARANGCIANG, MODESTO A.	323-2569(H)
ILOKANO	Hawaii	LAMBAYAN, ANTONIA R.	959-9418(H)
ILOKANO	Kauai	ROJAS, RHODORA S.	246-2122(H), 647-0141(C), rhodorar@hawaii.edu
ILONGO	Oahu	PARK, MARGARITA E.	780-5570(C), 836-8705(H)(B)
ILONGO	Oahu	ROQUE, FELIPE V. SR.	489-0350(B)(C), 782-3310(H), 671-5692(F)
ILONGO	Hawaii	GRAVELA, NARDITA T.	928-0710(H)(F), 327-3031(B), nardir8@aol.com
ITALIAN	Oahu	DRUKER, ROMAN	487-7774(B), 641-5777(P), rdrukerr@cs.com
ITALIAN	Oahu	MINERBI, DANIELA R.	955-5406(H)(F), 227-8843(C), minerbi@hawaii.edu
JAPANESE	Oahu	ABE, JUSTIN	926-2204(H)(B)(F), justin.abe@verizon.net
JAPANESE	Oahu	COBBETT, PAUL A.	395-4547(H)(B), wordtradepaul@yahoo.com
JAPANESE	Oahu	FUJITA, SHUKO	545-5669(H)

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JAPANESE	Oahu	FUJIWARA, YASUNORI	927-9103(C), ytfgrp@aol.com
JAPANESE	Oahu	HARA, AYANO	521-7977(H)(F), 277-9736(C), ayanohara@hotmail.com
JAPANESE	Oahu	HARVEY, EIKO MURAKAMI	864-6022(B)(C)
JAPANESE	Oahu	HIRATA, SHINOBU	524-0932(H)(B)(F), hiratas002@hawaii.rr.com
JAPANESE	Oahu	HIRAYAMA, KEN H.	949-8115(B), 225-0450(C), 949-3093(F), cfinoah@flex.com
JAPANESE	Oahu	ICHISE, TSUNENORI	456-4897(H), 561-4358(C), 534-1560(B), 534-1608(F), ichise@hawaiiantel.net
JAPANESE	Oahu	KAITE, NOBUE	220-9204(C), nobuekaite@hotmail.com or nkaite@earthlink.net
JAPANESE	Oahu	KAJIYAMA, MIYUKI	941-1777(H)(F), 831-4151(B), miyukika@hawaii.edu
JAPANESE	Oahu	KATO, MASAHIDE T.	358-2150(C), mtkato@hawaii.edu
JAPANESE	Oahu	KAWAKAMI, YASUKO	955-5257(B), 942-8117(F), translator@yasukokawakami.com or ykawakami@hawaii.rr.com
JAPANESE	Oahu	KIM, KAY	942-4439(H)
JAPANESE	Oahu	KOYAMA, YOKO	521-6228(H)(B)(F), 599-5887(F), ekoyama@hawaii.rr.com
JAPANESE	Oahu	KUWAHARA, HAROLD H.	395-8074(H)(B)(F)
JAPANESE	Oahu	LEE, ELENA	941-1650(H)(B)(F), 371-7622(C)(P), elena.lee7@verizon.net
JAPANESE	Oahu	MAEDA, YASUHIRO	521-2095(H)(B)(F)
JAPANESE	Oahu	MASUDA, JAN M.	247-6395(B), 349-7752(C), 236-4609(F)
JAPANESE	Oahu	MATSUMOTO, MICHIKO	395-4096(H)(B), 396-5609(F)

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JAPANESE	Oahu	MATSUMURA, NOBUO	596-4534(H), 596-8674(F), nobu.mats@verizon.net
JAPANESE	Oahu	MICHIHARA, MARIKO	524-4893(B), M2COMMU@aol.com
JAPANESE	Oahu	MIYAKE, GAY H.	226-3708(C)
JAPANESE	Oahu	MURPHY, YOSHI	256-6006(C)
JAPANESE	Oahu	NAKAMURA, YUMIKO K.	377-7040(B)(F), yumiko@nakamuracommunications.com
JAPANESE	Oahu	OHSUMI, MEGUMI	382-3792(H), shirokichi26@hotmail.com
JAPANESE	Oahu	ONO, JUNJI	536-1291(H), 392-0860(B)(C), 536-1957(F), bridgeofhope@hawaii.rr.com
JAPANESE	Oahu	PEAKE, DONNA M.	671-6195(H)(F), 284-6080(C)
JAPANESE	Oahu	SAWADA, KAZUO	926-4834(H)(B)(F), 927-3693(C), sawadafam@aol.com
JAPANESE	Oahu	SILVER, STEVEN C.	531-1073(B), 545-4909(F), steve@silverbridges.com
JAPANESE	Oahu	YAMAGUCHI, MASAHIKA K.	221-3664(C), yamaguchm009@hawaii.rr.com
JAPANESE	Oahu	YAMAGUCHI, MASAKO	941-4260(H), yamaguchm009@hawaii.rr.com
JAPANESE	Oahu	YAMATANI, MASAKO	373-4527(H)(B), 373-4528(F)
JAPANESE	Maui	HIRATA, YOSHIYA JOSHUA	283-4410(C)
JAPANESE	Maui	UNO, JUNKO	891-1854(H)(F)
JAPANESE	Hawaii	ASANO, RIMI H.	896-1191(C), 959-7786(H), ritarimi@msn.com or rimihenriette@yahoo.com
JAPANESE	Hawaii	ERMENCE, CONNIE H.	325-0912(H), 325-2502(F), ermencec002@hawaii.rr.com

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JAPANESE	Hawaii	FROST, ANTHONY D.	961-5907(B), 217-2231(C), 443-0070(F), anthonyfrost@vrhi.com
JAPANESE	Hawaii	IIZUKA, HIROMI	775-8019(B), ao469@yahoo.com
JAPANESE	Hawaii	IZAWA, TAKEO	329-1115(B)
JAPANESE	Hawaii	MITAMURA, SAWAMI	969-1122(B), 938-5059(C)
JAPANESE	Hawaii	SMITH, XANTHE A. D.	985-8569(H), 896-3636(C), 985-7529(F), volcano@gte.net
JAPANESE	Kauai	YAMADA-TOJO, EILEEN S.	631-9567(C), eiles26yama@yahoo.co.jp
KOREAN	Oahu	CAPLETT, JOANN J.	282-1115©, 840-1344(F), sadako702@yahoo.com
KOREAN	Oahu	CHO, ESTHER S.	941-5415(H)(F)
KOREAN	Oahu	CHOI, JAE-HOON J.	256-3155(H)(B), kelemi_1971@yahoo.co.kr
KOREAN	Oahu	CHOI, RACHEL S.	735-7625(B)
KOREAN	Oahu	CHUNG, JAY H.	381-3473(C), 395-8327(H)
KOREAN	Oahu	HA, CHRISTINA J.	341-1375(B)(C), christinajuranha@gmail.com or sebie@hawaii.rr.com or sebiemom@hotmail.com
KOREAN	Oahu	JEFFERIES, MARGARET A.	236-2089(H)(F), 256-1001(C), margaretj@hawaii.rr.com
KOREAN	Oahu	JERNIGAN, EILEEN	395-4468(H), 292-4185(C), eileenhj@hotmail.com
KOREAN	Oahu	JOHNSON, SE KYONG C.	772-8108(B)(C), johnsonshawaii@msn.com
KOREAN	Oahu	KIM, DANIEL B.	847-1223(B), 259-1766(C), 847-1229(F), dannybkim@yahoo.com
KOREAN	Oahu	KIM, KAY	942-4439(H)

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KOREAN	Oahu	KIM, YOUNG K.	833-1719(H), 391-1719(C)
KOREAN	Oahu	KIM-RAHMAN, YOUNGJA	218-1889(C)
KOREAN	Oahu	KOO, KAREN	778-4225(C)
KOREAN	Oahu	LEE, RICHARD C.	836-4630(H), 391-3435(B)(C), 955-5710(F), richardchlee@hotmail.com
KOREAN	Oahu	LEE, SE RAH	942-9511(B)(F), 292-1916(C), serahlee@hotmail.com
KOREAN	Oahu	LEE, YUN I.	858-6549(P)
KOREAN	Oahu	PAK, TY	396-5757(H), 753-7751(C), tpak@hawaii.rr.com
KOREAN	Oahu	PARK, EILEEN Y.	595-0036(H)(F), 554-3512(C), emypark3043@hotmail.com
KOREAN	Oahu	PARK, MYUNG-JA	526-0542(H)
KOREAN	Oahu	PETERSON, YUSONG E.	625-5282(H)
KOREAN	Oahu	POTTS, CHUNG W.	949-4377(H), 225-8282(C), chungpts@aol.com
KOREAN	Oahu	SEAQUIST, INOK Y.	942-5566(B), 358-4877(C), 942-5568(F), inokyim@hotmail.com
KOREAN	Oahu	SHIN, YOUNG K.	218-9055(H)(B)(C), shiny2@gmail.com
KOREAN	Oahu	SUNG, JASON B.	bys3437@hotmail.com
KOREAN	Oahu	WEHRMAN, SUSAN	263-1200(B), 261-3093(F), commspan@hawaii.rr.com
KOREAN	Oahu	YI, HYE-KYUNG	479-2877(C), hkyi88@hotmail.com
KOREAN	Maui	LIM, ANGELA H.	244-0881(H), 871-9411(B), 280-8326(C), 871-9488(F), alimits@aol.com

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<u>LANGUAGE</u>	<u>ISLAND</u>	<u>NAME</u>	<u>CONTACT #</u>
KOREAN	Hawaii	JEE, HAEMI	(213) 984-4942(C), amyjee@paran.com
KOREAN	Hawaii	LEE, KENNETH K.	352-5166(H), 328-9777(B), 938-8025(C), 328-2333(F), kklee@kklee.com
LAOTIAN	Oahu	HU, VINCENT C.S.	265-6879(B)(C)
LAOTIAN	Oahu	JAO, DAVID	753-9090(C), 955-7222(H)(F), 955-2100(B), americanwandi@aol.com
LAOTIAN	Oahu	TANHCHALEUN, CHOU L.	486-7882(H)
LATIN	Oahu	GAU, WAYNE W.	735-9689(B)
LOONG DU	Oahu	WONG, PAUL B.H.	373-1108(H), 843-6689(P), 373-3238(F)
MALAY	Oahu	YAP CHANG, HWEE LUAN	951-0350(B), 306-4566(C), 951-0352(F), hweeluan@yahoo.com
MANDARIN	Oahu	CHANG, CHIA-MIN I.	348-4100(C), chiamin819@hotmail.com
MANDARIN	Oahu	CHEONG, CHAY C.	taiahko@gmail.com
MANDARIN	Oahu	CHOI, CANDY	429-2028(C), kityeechoi@hotmail.com
MANDARIN	Oahu	CHOI, JOHNSON	524-5738(B), 222-8183(C), 524-8063(F), johnsonchoi@johnsonchoi.com
MANDARIN	Oahu	CHOU, YAO	295-4326(C), 841-3848(F), group2hawaii@msn.com
MANDARIN	Oahu	COX, MERLE	672-3628(H), 225-0182(C), makakilocoxes@att.net
MANDARIN	Oahu	JAO, DAVID	753-9090(C), 955-7222(H)(F), 955-2100(B), americanwandi@aol.com
MANDARIN	Oahu	KAN, RAYMOND K.O.	488-5143(H), 571-8640(P)
MANDARIN	Oahu	LEE, ELENA	941-1650(H)(B)(F), 371-7622(C)(P), elena.lee7@verizon.net

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<u>LANGUAGE</u>	<u>ISLAND</u>	<u>NAME</u>	<u>CONTACT #</u>
MANDARIN	Oahu	LEE, LAISIN H.	342-8660(C), lslee@hawaii.rr.com
MANDARIN	Oahu	LEE, YEU-TSU M.	423-1505(H), 423-4862(F), YTM_Lee@hotmail.com
MANDARIN	Oahu	LIANG, DAVID Z.	392-5350(C), davidzliang@gmail.com
MANDARIN	Oahu	LIU, XIN	222-4230(C), 734-6286(B)
MANDARIN	Oahu	MA, GAIL Y.F.	944-6563(H), 561-3905(C), gma@pixi.com
MANDARIN	Oahu	NG, MEI LING	781-1878(C), 672-0888(H), 672-0510(F)
MANDARIN	Oahu	QIAO, TINGTING	723-0188(H)(B)(C), jjeen1506@yahoo.com
MANDARIN	Oahu	SHEN, RUI RONG	524-0802(H)
MANDARIN	Oahu	SUGG, ESTHER T.	597-1799(H)
MANDARIN	Oahu	SUN, SHIRLEY X.	979-9015(H)+E90, 223-8881(C)
MANDARIN	Oahu	TSWEI, KATHY	735-0045(H), 735-0030(F), kathy.tswei@hawaiiantel.net
MANDARIN	Oahu	WONG, JOSEPH W.K.	536-7006(H), jwguisi@aol.com
MANDARIN	Oahu	WOOLLEY, JIA L.	262-1377(H), 398-1370(C), jiawoolley@hotmail.com
MANDARIN	Oahu	WU, ZHENGKANG	946-6899(B), 941-9519(F)
MANDARIN	Oahu	YAP CHANG, HWEE LUAN	951-0350(B), 306-4566(C), 951-0352(F), hweeluan@yahoo.com
MANDARIN	Oahu	YE, JING	218-8088(C), yejing@hawaii.edu
MANDARIN	Oahu	YIP, SHERRIE M.	531-2859(B)

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MANDARIN	Oahu	YU, CHUN KEUNG	383-5511(H)(C)(P), archieyu@yahoo.com
MANDARIN	Oahu	ZENG, SUZANNE M.	942-3683(H)(F), 956-4421(B), 383-8594(C), suezeng@hawaii.edu
MANDARIN	Maui	O'NEILL, ALICE	244-6929(B), 244-9643(F)
MANDARIN	Hawaii	TAO, EUGENE Y. C.	959-7887(H), genetao@hawaii.rr.com
MANDARIN	Hawaii	TRAN, TAC T.	981-2757(B)
MARSHALLESE	Oahu	IOSIA, METWA K.	524-4824(H)(F), 723-9519(C)
MARSHALLESE	Oahu	KILUWE, VERONICA C.	683-0373(H)(B)(F), coffeyki@hotmail.com
MARSHALLESE	Oahu	LLANA, TEDDY S.	832-1488(H), 832-1487(H), t3dllana@aol.com
MARSHALLESE	Oahu	MINOR, BERNADIE B.	723-4415(C)
MARSHALLESE	Oahu	SWAIN, WILLIAM J.	swainwj@ldsmail.net
MARSHALLESE	Maui	LANGINBELIK, LOLITA A.	298-3268(C)
MARSHALLESE	Hawaii	LOEAK, MARYLOU	964-2107(H), 938-5931(C)
MARSHALLESE	Hawaii	SYLVESTER, REMARR	557-4310(C)
MOROCCAN	Oahu	GENANE, HICHAM	384-1698(C), 941-2362(H)
NAM LONG	Oahu	KAN, RAYMOND K.O.	488-5143(H), 571-8640(P)
NANKINGESE	Oahu	KAN, RAYMOND K.O.	488-5143(H), 571-8640(P)
PAMPANGAN	Oahu	FIESTA, TERESITA B.	843-8096(H), 232-9858(C)

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PAMPANGAN	Molokai	WAINWRIGHT, THEODOCIA G.	558-8966(H)(B), 658-0390(C)
PAMPANGAN	Hawaii	BAUTISTA, BELLA B.	989-3359(C)
PANGASINAN	Oahu	DELA PENA, LOURDES J.	256-3976(B)(C), 671-4128(H)
PIDGIN SIGNED ENGLISH	Oahu	LAMBRECHT, LINDA Y.	239-7660(F), aslteal@tmail.com
POHNPEIAN	Oahu	NANPEI, SIMAO	845-1638(H), swanpei@yahoo.com
POLISH	Oahu	DABROWSKI, MIECZYSLAW	524-2509(H), 455-0425(B), 455-0640(F), dabrowsk@hawaii.edu
PORTUGUESE	Oahu	CHU-DUFFETT, ADELE M.	988-5176(B), uchaleda@yahoo.com
PORTUGUESE	Oahu	HAYS, JOHN T., III	947-6013(B), 951-7904(F), johnhays@hawaii.rr.com
PORTUGUESE	Oahu	NEALON, JOHN P.	551-9457(C), 456-5094(H), cristinagki@hotmail.com
PORTUGUESE	Oahu	RAMIREZ-ZELADA, IRMA V.	348-2548(C), 664-0033(H), 626-8416(B)
PORTUGUESE	Oahu	SAKANISHI-MIYAKAWA, ROSA A.	396-2084(H)
PORTUGUESE	Hawaii	ALEXANDER, JEANETTE G.	775-8294(H)
PORTUGUESE	Hawaii	SEGAL, NINA J.	965-5630(H), 217-5452(C), ninasegal@hotmail.com
RUSSIAN	Oahu	CLANCEY, NATALIYA	262-5010(H)(B), 349-0248(C), mokulua@telcom.net
RUSSIAN	Oahu	DRUKER, ROMAN	487-7774(B), 641-5777(P), rdrukerr@cs.com
RUSSIAN	Oahu	FRANCIS, IRYNA	941-9839(H), irinahawaii@yahoo.com
RUSSIAN	Oahu	URBAN, IRINA L.	955-4006(H)(B)

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SAMOAN	Oahu	AHCHING, PETER L.	524-6061(H), 225-1728(B)(C), ahchingpeter@yahoo.com
SAMOAN	Oahu	FOLA, EDDIE	845-4968(H), 284-5529(C)
SAMOAN	Oahu	KURESA, SOLOMON JR.	841-4302(H), 224-7781(C), 299-7153(P)
SAMOAN	Oahu	SAVUSA, MUAAU	520-5995(H)(C), yka007@yahoo.com
SAMOAN	Oahu	SHECK, REUPENA C.	836-6832(H), faatuatua_alofa@yahoo.com
SAMOAN	Oahu	SUAFAASEE, TAITAIAU L.	282-8993(C)
SAMOAN	Oahu	TIATIA, FOLAALELA K.	847-7214(H), 591-2511(B), 520-4757(C), ftiatia@hotmail.com
SAMOAN	Oahu	TIATIA, ROPATI T.	847-7214(H)
SAMOAN	Oahu	TOGIOLA, LEUTOGI T.	838-8843(B), 342-7141(C), 838-8751(F), togiola001@hawaii.rr.com
SAMOAN	Oahu	TUITELELEAPAGA, SANELE I.	235-8463(H), sitlone@yahoo.com
SHANGHAINese	Oahu	KAN, RAYMOND K.O.	488-5143(H), 571-8640(P)
SHANGHAINese	Oahu	LIANG, DAVID Z.	392-5350(C), davidzliang@gmail.com
SHANGHAINese	Oahu	SHEN, RUI RONG	524-0802(H)
SHANGHAINese	Oahu	YE, JING	218-8088(C), yejing@hawaii.edu
SLOVAK	Oahu	LOCQUIAO, BARBORA S.	927-1783, suchabarbora2@yahoo.com
SPANISH	Oahu	BOIDO, MARCELLA A.	946-2558(H)(F), boido@hawaii.edu
SPANISH	Oahu	CHAPA, LAURA G.	222-7655(H)(B)(C)

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SPANISH	Oahu	CHU-DUFFETT, ADELE M.	988-5176(B), uchaleda@yahoo.com
SPANISH	Oahu	CORREA, MARY ESTHER	689-4651(H)
SPANISH	Oahu	DABROWSKI, MIECZYSLAW	524-2509(H), 455-0425(B), 455-0640(F), dabrowsk@hawaii.edu
SPANISH	Oahu	DE ABREU, JORDAN E.	454-1721(H), 831-4233(B), 375-2372(C), jormardeabreu@cs.com
SPANISH	Oahu	DE ABREU, MARINA J.	454-1721(H), 372-3392(C)
SPANISH	Oahu	FELLMETH, DAVID J.	394-2702(H)(F), 222-6337(C)
SPANISH	Oahu	FLOREZ, MARCUS J.	(619) 865-1836(C), marcusflorez@yahoo.com
SPANISH	Oahu	HARPSTRITE, PATRICIA J.	247-3578(H)(B)(F), harpstrij001@hawaii.rr.com
SPANISH	Oahu	HAYS, JOHN T., III	947-6013(B), 951-7904(F), johnhays@hawaii.rr.com
SPANISH	Oahu	HERRERA, HILDRE C.	988-4942(H), 343-1504 (urgent only) , hildre@hawaii.rr.com
SPANISH	Oahu	HIRAGA, MARTIN K.	218-0351(C), mhiraga@mac.com(P), martn.hiraga@macsrule.com
SPANISH	Oahu	KENT, MARIELIZ Q.	(434) 825-5109(C), mqn@hotmail.com
SPANISH	Oahu	MANRIQUE, LUIS A.	732-4986(B), 285-3128(C), manrique@lava.net
SPANISH	Oahu	NEALON, JOHN P.	551-9457(C), 456-5094(H), cristinagki@hotmail.com
SPANISH	Oahu	NOURBAKHS, MONIQUE	561-8666(C), moniquenour@hotmail.com
SPANISH	Oahu	RAMIREZ-ZELADA, IRMA V.	348-2548(C), 664-0033(H), 626-8416(B)
SPANISH	Oahu	SAIBENE, MIGUEL A.	685-1709(H), 361-1144(P)

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SPANISH	Oahu	SAKANISHI-MIYAKAWA, ROSA A.	396-2084(H)
SPANISH	Oahu	SANCHEZ-GARCIA, KARMA M.	484-4090(H), 485-0894(B)(F), 554-7029(C)
SPANISH	Oahu	SMITH, WILLIAM H.	237-8301(H)(B)(F), 258-7971(C), smithwm@hawaii.rr.com
SPANISH	Oahu	SOUZA, AMPARO	230-8526(H)(B), teamhi2@hawaii.rr.com
SPANISH	Oahu	TOME, JOSE C.	391-8321(C), tome@hawaii.edu
SPANISH	Oahu	VEGA, LUZ	545-7806(H)(B), luzv1@earthlink.net
SPANISH	Maui	HERNANDEZ, PHYLLIS M.	205-7289(H)(C)
SPANISH	Maui	IUORNO, ANTHEA P.	573-5210(H)
SPANISH	Maui	MCNISH, ZACHARY A.	572-9642(H)(B), zmcnish@wso.williams.edu
SPANISH	Maui	MILLER, JANET CLARE	572-2554(B), 281-5438(C), 573-1554(F), millerjc@att.net
SPANISH	Maui	PALUSKY, ALICE	879-2313(H)
SPANISH	Maui	PROTTI, ROBERTO	250-0222(B)(C)
SPANISH	Maui	RABAGO, DORA M.	205-2973(B), 205-2970(C)
SPANISH	Maui	ROST, ALEXANDRINE E.	572-9964(H), pueokea@hotmail.com
SPANISH	Maui	SANCHEZ, GILBERTO M.	669-3993(B), 276-2591(C), 669-8941(F), gms0729@hotmail.com
SPANISH	Maui	TLASECA, ELIZABETH R.	385-5528(C), tlaseca02@aol.com
SPANISH	Maui	TORRES, SAUDINA O.	281-8629(C), 874-6223(H), 871-1114(B), sauditorr@aol.com

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<u>LANGUAGE</u>	<u>ISLAND</u>	<u>NAME</u>	<u>CONTACT #</u>
SPANISH	Maui	WESLEY, ARTURO A.	575-9114(H), 575-2229(B), arturowesley@yahoo.com
SPANISH	Hawaii	ALEXANDER, JEANETTE G.	775-8294(H)
SPANISH	Hawaii	AVELAR, JAVIER	557-7491(C), avelarinterpreting@hawaii.rr.com
SPANISH	Hawaii	CARVALHO, MARTINA J.	345-6276(C), 885-4444(B), 885-2126(H)
SPANISH	Hawaii	CRISTOS, SAMANTHA A.	885-2748(H)(F), 989-9089(C), yozemytesam@netzero.com
SPANISH	Hawaii	ESPINOSA, ROSARIO D.P.	214-0104(C), sathya59@hotmail.com
SPANISH	Hawaii	FALCON, ROSEMARIE	573-0185(H), 573-2894(B), 281-1126(C)
SPANISH	Hawaii	HART, TAMARA O.	775-0226(H)
SPANISH	Hawaii	HERNANDEZ, MIGUEL A.	987-3204(B)(C), 966-7279(H)
SPANISH	Hawaii	MARIN, NOEMI	987-7546(C), 331-1552(H)
SPANISH	Hawaii	MOLINERO, DAWNA L.	896-7129(C), 982-5775(H)(F), djchilango1@aol.com
SPANISH	Hawaii	MOTOLA, J. ASHER	326-4571(H), asher@uofnkona.edu
SPANISH	Hawaii	PATNODE, PAUL J.	967-7903(H)
SPANISH	Hawaii	RAMIREZ, J. RAFAEL	328-7728(H), rafarumba@hotmail.com
SPANISH	Hawaii	ROBERTS, MARIA R.	romaria@juno.com
SPANISH	Hawaii	SEGAL, NINA J.	965-5630(H), 217-5452(C), ninasegal@hotmail.com
SPANISH	Hawaii	SHORT, MARISA G.	896-5502(C), learner4life2@yahoo.com

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SPANISH	Hawaii	TEPPER, MARA E.	895-4798(C)
SPANISH	Hawaii	VERGARA, LUIS A.	981-5103(H), 581-2784(P), symvergara@aol.com
SPANISH	Kauai	EMMONS, MINDY A.	245-9936(H)(F), (310) 863-5980(C), mindyemmons@aol.com
TAGALOG	Oahu	AGBAYANI, GREGORIA A.	853-2386(H)
TAGALOG	Oahu	AGUINALDO, JOCELINE F.	542-5945(C), 521-3113(H)
TAGALOG	Oahu	ALBANO, OFELIA M.	677-8878(H), 236-8301(B), 230-3273(C)
TAGALOG	Oahu	DALERE, VICTOR T.	386-2401(C), 621-8969(H), vdalere@hotmail.com
TAGALOG	Oahu	DELA PENA, LOURDES J.	256-3976(B)(C), 671-4128(H)
TAGALOG	Oahu	DONATO, MARIA M.	677-5848(H)
TAGALOG	Oahu	FIESTA, TERESITA B.	843-8096(H), 232-9858(C)
TAGALOG	Oahu	GROSS, ERIC C.	428-0479(B)(C), 677-9679(F), eg_gross@tinig.com
TAGALOG	Oahu	LAZARTE, LILIA EDNA B.	306-1218(C), 678-1088(H), 584-3081(P), 676-8872(F)
TAGALOG	Oahu	LINDSTROM, EVA R.	728-3089(C), erepollo@yahoo.com
TAGALOG	Oahu	LLANA, TEDDY S.	832-1488(H), 832-1487(H), t3dllana@aol.com
TAGALOG	Oahu	LOPEZ, EDISON M.	277-2435(C), 853-2247(H)
TAGALOG	Oahu	MANZANO, MARIA CORAZON B.	531-5946(H), 282-3081(P)
TAGALOG	Oahu	MATA, LYNN B.	228-0197(C), 396-3001(H), lynnkissam@hawaii.rr.com

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TAGALOG	Oahu	PACQUING, VIRGILIO A.	687-3881(H), 782-3245(C)
TAGALOG	Oahu	PARK, MARGARITA E.	780-5570(C), 836-8705(H)(B)
TAGALOG	Oahu	ROQUE, FELIPE V. SR.	489-0350(B)(C), 782-3310(H), 671-5692(F)
TAGALOG	Oahu	TAGAYUNA, ALEJANDRINO A.	286-2767(C), 637-9038(H), 284-0722(C)
TAGALOG	Oahu	TAMORIA, ANDRES G.	206-2244(C), 685-5351(H)
TAGALOG	Oahu	VALDEZ-MIER, CARMELITA	294-1524(C), 676-4957(H), 523-8839(B), 533-4201(F)
TAGALOG	Molokai	WAINWRIGHT, THEODOCIA G.	558-8376(H)(B), 658-0390(C)
TAGALOG	Maui	YLLERA, ARNIE JEROME M.	242-1491(H), 276-2768(C), ajyllera68@hotmail.com
TAGALOG	Maui	YLLERA, FRED S.	242-1491(H), 276-1415(C)
TAGALOG	Maui	YLLERA, SARAH M.	242-1491(H), 385-3555(C), 244-5952(F), syllera@hawaiiintel.net
TAGALOG	Hawaii	BAUTISTA, BELLA B.	989-3359(C)
TAGALOG	Hawaii	DARANCIANG, MODESTO A.	323-2569(H)
TAGALOG	Hawaii	GRAVELA, NARDITA T.	928-0710(H)(F), 327-3031(B), nardir8@aol.com
TAGALOG	Hawaii	LAMBAYAN, ANTONIA R.	959-9418(H)
TAGALOG	Kauai	ROJAS, RHODORA S.	246-2122(H), 647-0141(C), rhodorar@hawaii.edu
TAIWANESE	Oahu	CHEONG, CHAY C.	taiahko@gmail.com
TAIWANESE	Oahu	LEE, ELENA	941-1650(H)(B)(F), 371-7622(C)(P), elena.lee7@verizon.net

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TAIWANESE	Oahu	TSWEI, KATHY	735-0045(H), 735-0030(F), kathy.tswei@hawaiiantel.net
TAIWANESE	Oahu	YAP CHANG, HWEE LUAN	951-0350(B), 306-4566(C), 951-0352(F), hweeluan@yahoo.com
TEOCHEW	Oahu	CHEONG, CHAY C.	taiahko@gmail.com
THAI	Oahu	DANAPONG, ICHAYA R.	949-9707(H), idanapong@gmail.com
THAI	Oahu	HU, VINCENT C.S.	265-6879(B)(C)
THAI	Oahu	JAO, DAVID	753-9090(C), 955-7222(H)(F), 955-2100(B), americanwandi@aol.com
THAI	Oahu	TANHCHALEUN, CHOU L.	486-7882(H)
THAI	Maui	DAHLBY, SUPATTRA D.	243-0061(H), daveanddaeng@earthlink.net
THAI	Hawaii	ALLEN, SUNISA	929-7164(B), 929-7434(H)(F), 938-5318(C), sunisa@konacoast.com
TOISHANESE	Oahu	WONG, JOSEPH W.K.	536-7006(H), jwguisi@aol.com
TONGAN	Oahu	FINAU, SAIA S.	841-7293(H), 428-8213(C), 843-1071(F), saiafinau@hawaii.rr.com
TONGAN	Oahu	KAUFUSI, AIONA P.	373-3394(H), koloa@prodigy.net
TONGAN	Oahu	LEOTA, LUPE F.	291-1821(C), 299-1397(P), 671-8386(H)
TONGAN	Oahu	TAFUNA, NERISHA I.	293-5829(H)(B), ivalani42@yahoo.com
TONGAN	Oahu	TIEDEMANN, LOIS P.	739-1647(H), 554-3174(C)
TONGAN	Oahu	VATIKANI, PO'ESE U.	520-5433(C)
VIETNAMESE	Oahu	BUI, THOMAS A.	387-2374(C), tuanb@hawaii.edu

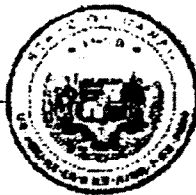
THE JUDICIARY • STATE OF HAWAII
LIST OF REGISTERED COURT INTERPRETERS
(EXTERNAL DISTRIBUTION)

May 1, 2007

This List of Registered Court Interpreters (External Distribution) includes individuals who have registered with the Hawai'i Judiciary as of May 1, 2007, and have given permission to publish/release their names and contact information. This List is to be used to select interpreters for paid interpreting/translating assignments only. Please note:

- The Judiciary does not endorse, screen, or certify the individuals listed.
- The user is responsible for determining the qualifications and competence of the individuals to be used.

<u>LANGUAGE</u>	<u>ISLAND</u>	<u>NAME</u>	<u>CONTACT #</u>
VIETNAMESE	Oahu	CRUMPTON, THU-HUONG T.N.	239-5532(H), 284-0429(C), huyenthuhuong44@yahoo.com or huyenthuhuong@hotmail.com
VIETNAMESE	Oahu	GOPWANI, TANIA R.	539-5846(P)
VIETNAMESE	Oahu	JENSEN-LECH, TUAN	352-1002(C), imtlech@hawaii.rr.com
VIETNAMESE	Oahu	LAM, TAMMY T.	256-4161(C), tam_lam26@yahoo.com
VIETNAMESE	Oahu	NGUYEN, KIM NGOC P.	220-2762(C), kngoc3@yahoo.com
VIETNAMESE	Oahu	NGUYEN, NGOC Q.	842-0259(H), 754-4900(B)(C), 841-4305(F), colonelnguyen@yahoo.com
VIETNAMESE	Oahu	NGUYEN, NINA NHUNG T.	366-4533(B)(C), 581-3141(P), nguyennina@yahoo.com
VIETNAMESE	Oahu	NGUYEN, STEVE	545-4840(H), 371-4422(B)(C), 844-5163(P), trungmail@hotmail.com
VIETNAMESE	Oahu	NGUYEN, TONY H.	227-0136(B)(C), tiennguyen68@hotmail.com
VIETNAMESE	Oahu	THANH, LY PHUOC	267-5869(P)
VIETNAMESE	Oahu	TRINH, CUONG Q.	732-0598(H), granite4546@hotmail.com
VIETNAMESE	Oahu	VU, HOA BA	951-9910(H)
VIETNAMESE	Hawaii	TRAN, TAC T.	981-2757(B)
ZAMBAL	Oahu	TAMORIA, ANDRES G.	206-2244(C), 685-5351(H)



DISABILITY AND COMMUNICATION ACCESS BOARD

919 Ala Moana Boulevard, Room 101 - Honolulu, Hawaii 96814
Ph. (808) 586-8121 (V/TDD) - Fax (808) 586-8129

Communication Access Providers as of 2/28/2006

- 1.) Agencies and businesses who employ communication access providers are encouraged to review Hawaii Administrative Rules, Title 11, Chapter 218 (as explained in the DCAB Fact Sheet) for general guidelines, recommended fee schedules and an explanation of credentials and certification levels.
- 2.) This list is provided as a convenience for state agencies, other public agencies, and private businesses who employ communication access providers. Inclusion on this list does not represent an endorsement or recommendation of the provider by DCAB.
- 3.) Providers included on this list have given DCAB written permission to publish the included information. Responsibility for the accuracy of the information remains with the provider.
- 4.) Agencies and businesses who employ any of these providers are encouraged to verify that the provider's certification or other professional credentials are current as of the date of employment. (If a provider has submitted current copies of their credentials to DCAB, an asterisk* appears next to their credential.)
- 5.) Communication access providers are usually employed as independent contractors. All terms and conditions of such employment should be negotiated between the contractor and the hiring agency.
- 6.) Agencies and businesses with limited experience in the direct employment of sign language interpreters are encouraged to use a professional referral service such as Hawai'i Services on Deafness.
- 7.) This list has been customized to meet the needs of your request. Information is current as of 2/28/2006. Please contact DCAB if this list is more than 30 days old.

Name and Certification	Telephone and Email	Mailing Address
<i>Baird, Darlene L.</i> Interpreter_Sign Certification: HQAS V* Expires: 6/30/2008 No Courts or Legal Appts	Cell: 352 2246 Bus. Email: pukapantz@hotmail.com	<i>Oahu</i> 84-550 Nukea St Waianae, Hi 96792
<i>Bownds, Beverly K.</i> Interpreter_Sign Certification: RID CSC EXPIRED: 6/30/2005	Cell: 389 8997 Bus. Email: bevsignasl@yahoo.com	<i>Oahu</i>
<i>Fried, Jan</i> Interpreter_Sign Certification: RID IC CI&CT EXPIRED: 6/30/2003	Res. Tel: 734-5889 V/T Pager: 288-7928 Fax: 734-9893 Pers. Email: janfried@hotmail.com	<i>Oahu</i> 1731 Mikahala Way Honolulu, Hi 96816 Availability: Part Time

Communication Access Providers as of 2/28/2006

Name and Certification	Telephone and Email	Mailing Address
<hr/>		
Howard, Kathy GA-to-SK Professional Interpreting Svcs Interpreter_Sign Certification: RID CI&CT EXPIRED: 6/30/2004	Bus. Email: howardkat@msn.com	<i>Oahu</i> P.O. Box 22519 Honolulu, HI 96823-2519
<hr/>		
Jackson, Debbie Interpreter_Sign Certification: RID CSC* Expires: 6/30/2006	Res. Tel: 239-6163 V/T Cell: 392-2549 Bus. Email: dleighjackson@hotmail.com	<i>Oahu</i> Availability: Part Time After 4:00 pm Mon-Fri and all day on Weekends
<hr/>		
No Performing Arts Assignments		
<hr/>		
Kern, Ku Mei Butler Interpreter_Sign Certification: HQAS V* Expires: 8/1/2010	Res. Tel: 808 969 3193 Cell: 808 896 9059 Pers. Email: kooshmabob@yahoo.com	<i>Hawaii</i> 19A Aina St. Hilo, HI 96720
<hr/>		
Kroe-Unabia, Susan Interpreter_Sign Certification: RID CI&CT EXPIRED: 6/30/2004	Res. Tel: 396-1800 V/T Bus. Email: susankroe@aol.com	<i>Oahu</i>
<hr/>		
Lambrecht, Linda Interpreter_Deaf_Relay Certification: RID RSC CLIP:R EXPIRED: 6/30/2004	Bus. Tel: 808-239-7660 V/T/F Pager: 808-255-4979 Bus. Email: linje40s@hotmail.com Pers. Email: aslteal@tmail .com (mobile)	<i>Oahu</i> Availability: Part Time Spring 2002 MWF 8-11am; TTH 8am-2pm
<hr/>		
Note: Relay Interpreter must be teamed with hearing interpreter.		
<hr/>		
Lani, Tamar Terpreting Connection Interpreter_Sign Notetaker Certification: RID CI&CT EXPIRED: 6/30/2003	Bus. Tel: 808-537-5933 Res. Tel: 808-537-5933 Bus. Email: tamarlani@verizonmail.com Pers. Email: tamar_costa@juno.com	<i>Oahu</i> P.O. Box 1380 Kaneohe, Hi 96744-1380
<hr/>		
Love, Mary Rose Mary R. Love Inc. Interpreter_Sign Certification: RID CI&CT EXPIRED: 6/30/2003	Res. Tel: 808 291 9146 Bus. Email: marylove999@hotmail.com Pers. Email: mary.love7@verizon.net	<i>Oahu</i> 409 Portlock Rd Honolulu, HI 96825
<hr/>		

Communication Access Providers as of 2/28/2006

Name and Certification	Telephone and Email	Mailing Address
<i>McDonald, Loretta Ann</i> Interpreter_Sign Certification: RID CSC EXPIRED: 6/30/2004 No Performing Arts Assignments	Res. Tel: 947-7640 V/T/Fax Pers. Email: chuandme@juno.com	<i>Oahu</i> Availability: Part Time
<i>Miehlstein, Valerie</i> Island Skill Gathering (ISG, Inc.) Interpreter_Sign Certification: RID CI&CT* Expires: 6/30/2007 No Courts or Legal Appts No Performing Arts Assignments	Res. Tel: 808-732-4622 V/T Bus. Email: isg@aloha.net	<i>Oahu</i> 3472 Kanaina Avenue Honolulu, Hi 96815 Availability: Part Time
<i>Morris, Michele</i> Interpreter_Sign Certification: RID CI&CT* Expires: 6/30/2006 No Courts or Legal Appts	Cell: 808-284-0402	<i>Oahu</i> 91-1029 Ahuua St. Ewa Beach, Hi 96706
<i>Nakamoto, Lynn</i> Interpreter_Sign Certification: RID CSC* Expires: 6/30/2008	Cell: 551-3778 Bus. Email: nakamoto@verizon.net	<i>Oahu</i> 4490 Luaole St. Honolulu, Hi 96818
<i>Park Okuna, Inga</i> Interpreter_Sign Certification: RID CSC EXPIRED: 6/30/2003	Bus. Email: ingapark@tmail.com	<i>Oahu</i> Availability: Part Time
<i>Sakal, Patty</i> Interpreter_Sign Certification: HQAS V* Expires: 4/30/2010	Res. Tel: 486-1797 Cell: 808-223-5841 Pager: 808-686-0013 Bus. Email: 6860013@islandpage.com Pers. Email: sakalp002@hawaii.rr.com	<i>Oahu</i> 98-410 Koauka Loop No. 20J Aiea, Hi 96701
<i>Sapko, Regina</i> Interpreter_Sign Certification: RID CI&CT EXPIRED: 6/30/2003	Cell: 808-429-3553 Bus. Email: reginaclare@hotmail.com	<i>Oahu</i> PO Box 22701 Honolulu, Hi 96823-2701
<i>Thorpe, Malina Steffanie Dravis</i> Interpreter_Sign Certification: NAD V EXPIRED: 6/30/2004	Res. Tel: 808-966-7840 Cell: 808-936-0046	<i>Hawaii</i> HCR3 Box 11087 Kaaau, HI 96749

Communication Access Providers as of 2/28/2006

Name and Certification	Telephone and Email	Mailing Address
Trujillo, Tara Interpreter_Sign Certification: RID CI&CT* Expires: 6/30/2006	Cell: 808 557 1616 Bus. Email: tarawolf@hotmail.com	Hawaii 2033 Kaiwika Road Hilo, HI 96720
Wallace, Scott Interpreter_Sign Certification: RID CI&CT EXPIRED: 6/30/2003	Bus. Email: scottcict@aol.com	Oahu 44-663 Kuono Place Kaneohe, HI 96744
Blake, Jenny Stanton Interpreter_Sign Certification: HQAS IV* Expires: 4/30/2006	Res. Tel: 239-8953 V/TTY Pager: 277-0785 Bus. Email: codasign@aol.com	Oahu
Collier, Cathie L. Colliers Interpreter Services Interpreter_Sign Certification: RID CI EXPIRED: 6/30/2003	Bus. Email: smile4cathie@aol.com	Oahu
Cooper, Kennedy L. Interpreter_Sign Certification: HQAS IV* Expires: 5/31/2007 No Courts or Legal Appts	Cell: 808-381-8378 Bus. Email: kennedyclm@yahoo.com	Oahu Akinson Tower No. 404 419-Atkinson Drive Honolulu, HI 96814
Doran, Jean-Marie T. Interpreter_Sign Certification: HQAS IV* Expires: 2/28/2010	Cell: 808 989 2522 Pers. Email: jmdterp@hotmail.com	Hawaii P.O. Box 10937 Hilo, HI 96721
Fischer, Susan Interpreter_Sign Certification: RID CT EXPIRED: 6/30/2004	Res. Tel: 808 732-3954 Cell: 808 282 3350 Bus. Email: hulasusan@hotmail.com	Oahu 4840 Kilauea Ave. #3 Honolulu, HI 96816

Communication Access Providers as of 2/28/2006

Name and Certification	Telephone and Email	Mailing Address
<i>Fogarty, Maureen</i> Interpreter_Sign Certification: RID CT EXPIRED: 6/30/2003	Cell: 505-550-7788 Pers. Email: mofogarty@yahoo.com	<i>Maui</i> PO Box 12857 Lahaina, HI 96761-7857 Availability: Part Time After school hours (May be Off- Island in summer.)
No Courts or Legal Appts		
<i>Goodhue, Eliza Wright</i> Interpreter_Sign Certification: HQAS IV* Expires: 11/30/2009	Res. Tel: 808 572-2173 Pers. Email: elizaflower@yahoo.com	<i>Maui</i> Availability: Part Time
<i>Haynesworth, Alycen</i> Interpreter_Sign Certification: RID CI* Expires: 6/30/2006 No Courts or Legal Appts	Res. Tel: 808 895 8918	<i>Hawaii</i>
<i>Hiraga, Martin</i> Interpreter_Sign Certification: RID CI EXPIRED: 6/30/2005	Bus. Tel: 808 428 8100 Res. Tel: 301 588 1473 Cell: 202 460 4747 Pager: chino@tmail.com Bus. Email: mhiraga@aol.com	<i>Oahu</i>
No Performing Arts Assignments		
<i>Kia, Rosalind</i> Interpreter_Sign Certification: HQAS IV* Expires: 9/30/2007	Res. Tel: 808-988-6801 V/TTY Cell: 808-255-6379 Bus. Email: rozkia@tmail.com (Pager) Pers. Email: rozkia@aol.com	<i>Oahu</i>
<i>McEvoy, Colleen</i> Interpreter_Sign Certification: HQAS IV* Expires: 6/1/2010	Cell: 917 334-2897 Bus. Email: mcevoy@hawaii.edu Pers. Email: cmcevoy1@nyc.rr.com	<i>Oahu</i>
<i>Miller, Linda G.</i> ASL/ENG Interpreting Services Interpreter_Sign Certification: HQAS IV* Expires: 7/31/2006	Res. Tel: 808-735-7111 Cell: 808-342-9095 Bus. Email: lindagmiller52@yahoo.com	<i>Oahu</i> 4114 Maunaloa Ave Honolulu, Hi 96816-4525

Communication Access Providers as of 2/28/2006

Name and Certification	Telephone and Email	Mailing Address
<i>Palmer, Stephen C.</i> Interpreter_Sign Certification: NAD IV	Bus. Tel: 808-428-0734 Res. Tel: 808-428-0734 Bus. Email: singingasl@hotmail.com	<i>Oahu</i> P.O. Box 971806 Waipahu, HI 96797
<i>Tawasha, Lori</i> Interpreter_Sign Certification: RID CI	Res. Tel: 808 874 8398	<i>Maui</i> Availability: Part Time
<i>Christian, Amanda Jean</i> Interpreter_Sign Certification: HQAS III* Expires: 4/30/2007	Res. Tel: 808 836 6727 Cell: 808 351 9954 Pers. Email: manaki201@yahoo.com	<i>Oahu</i> 2936 Noonan St. Honolulu, HI 96818
<i>Licciardo, Susan C.</i> SuSigns Interpreter_Sign Certification: HQAS III* Expires: 10/31/2006 No Medical Appts No Courts or Legal Appts	Bus. Tel: 808-372-9456 Cell Fax: 808-396-1458	<i>Oahu</i> Availability: Part Time
<i>Linter, Vicki</i> Interpreter_Sign Certification: RID IC&TC EXPIRED: 6/30/2003	Bus. Tel: (808) 935-8535 ext.13 Res. Tel: (808) 965-0289 Bus. Email: vickilinter@hotmail.com	<i>Hawaii</i> Availability: Part Time Mon-Fri 8:30-9:30 am and 11:00 am to 1:00 pm
No Performing Arts Assignments		
<i>Wong, Darlene W.L.</i> Interpreter_Sign Certification: HQAS III* Expires: 8/1/2007	Cell: 384 0940 Pers. Email: pochacs074@yahoo.com	<i>Oahu</i> Availability: Part Time



Code of Professional Conduct

A code of professional conduct is a necessary component to any profession to maintain standards for the individuals within that profession to adhere. It brings about accountability, responsibility and trust to the individuals that the profession serves.

RID, along with the National Association of the Deaf (NAD), co-authored the ethical code of conduct for interpreters. Both organizations uphold high standards of professionalism and ethical conduct for interpreters. At the core of this code of conduct are the seven tenets, which are followed by guiding principles and illustrations.

The tenets are to be viewed holistically and as a guide to complete professional behavior. When in doubt, one should refer to the explicit language of the tenet.

TENETS

1. Interpreters adhere to standards of confidential communication.
2. Interpreters possess the professional skills and knowledge required for the specific interpreting situation.
3. Interpreters conduct themselves in a manner appropriate to the specific interpreting situation.
4. Interpreters demonstrate respect for consumers.
5. Interpreters demonstrate respect for colleagues, interns, and students of the profession.
6. Interpreters maintain ethical business practices.
7. Interpreters engage in professional development.

[Click here to access the full version of the NAD-RID Code of Professional Conduct](#)

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Web site design by New Target

Civil Rights Compliance Staff

(CRCS)

586-4955

gwatts@dhs.hawaii.gov

- ✓ Serves as departmental liaison for all civil rights related matters
- ✓ Investigates civil rights complaints
- ✓ Provides technical and advisory services to the department regarding standards and requirements of civil rights laws, rules and regulations
- ✓ Develops departmental policies, procedures and plans

HAWAII REVISED STATUTES
TITLE 21. LABOR AND INDUSTRIAL RELATIONS
CHAPTER 371 DEPARTMENT OF LABOR AND INDUSTRIAL
RELATIONS

[Part II.] LANGUAGE ACCESS

[§371-31] Purpose. Most individuals living in Hawaii read, write, speak, and understand English. There are many individuals, however, who are limited English proficient. Language for limited English proficient persons can be a barrier to accessing important benefits or services, understanding and exercising important rights, complying with applicable responsibilities, or understanding other information provided by state-funded programs and activities.

The purpose of this part is to affirmatively address, on account of national origin, the language access needs of limited English proficient persons. In providing the delivery of language accessible services, it is the intent of the legislature that those services be guided by Executive Order 13166 and succeeding provisions of federal law, regulation, or guidance. [L 2006, c 290, pt of §1]

[§371-32] Definitions. Whenever used in this part, unless a different meaning clearly appears from the context:

"Access or participate" means to be informed of, participate in, and benefit from the services, programs, and activities offered by the State and covered entities.

"Covered entity" means a person or organization receiving state financial assistance, including grants, purchase-of-service contracts, or any other arrangement by which the State provides or otherwise makes available assistance in the form of funds to the person or organization for the purpose of rendering services on behalf of the State. It shall not include procurement contracts, state insurance or guaranty contracts, licenses, tax credits, or loan guarantees to private businesses of general concern that do not render services on behalf of the State.

"Language" means human speech or the expression of ideas by written characters and includes systems used by nations, people, or other distinct communities.

"Limited English proficient" means individuals who, on account of national origin, do not speak English as their primary language and who identify themselves [as] having a limited ability to read, write, speak, or understand the English language.

"Oral language services" means the free provision of oral information necessary to enable limited English proficient persons to access or participate in services, programs, or activities.

"State" means the executive, legislative, and judicial branches of state government, including departments, offices, commissions, boards, or other agencies within the executive, legislative, or judicial branches.

"Vital documents":

(1) Means printed documents that provide important information necessary to participate in services, programs, and activities; and

(2) Includes but is not limited to applications, outreach materials, and written notices of rights, denials, losses, or decreases in benefits or services. [L 2006, c 290, pt of §1]

[§371-33] Oral and written language services. (a) Each state agency and all covered entities shall take reasonable steps to ensure meaningful access to services, programs, and activities by limited English proficient persons, which will be determined by a totality of circumstances, including the following factors:

(1) The number or proportion of limited English proficient persons served or encountered in the eligible service population;

(2) The frequency with which limited English proficient persons come in contact with the services, programs, or activities;

(3) The nature and importance of the services, programs, or activities; and

(4) The resources available to the State or covered entity and the costs.

(b) Subject to subsection (a), each state agency and covered entity shall provide competent, timely oral language services to limited English proficient persons who seek to access services, programs, or activities.

(c) Subject to subsection (a), each state agency and covered entity shall provide written translations of vital documents to limited English proficient persons who seek to access services, programs, or activities, as follows:

(1) Written translations of vital documents for each eligible limited English proficient group that constitutes five per cent or one thousand, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered; or

(2) If there are fewer than fifty persons in a limited English proficient group that reaches the five per cent threshold in paragraph (1), written notice in the primary language to the limited English proficient language group of the right to receive competent oral interpretation of those written materials, free of cost.

(d) To the extent that the State requires additional personnel to provide language services based on the determination set forth in this section, the State shall hire qualified personnel who are bilingual to fill existing, budgeted vacant public contact positions. [L 2006, c 290, pt of §1]

[§371-34] Additional obligations. (a) Each state agency and covered entity shall establish a plan for language access.

(b) Each state agency's plan for language access shall be established in consultation with the executive director of the office of language access and the state agency's coordinator for language access. State agencies receiving federal financial assistance shall file an initial language access plan with the executive director of the office of language access no later than July 1, 2007, and every two years thereafter. All other state agencies shall file a language access plan with the executive director of the office of language access no later than July 1, 2008, and every two years thereafter.

(c) Each state agency shall designate a language access coordinator who shall establish and implement the plan for language access in consultation with the executive director of the office of language access and the language access advisory council. [L 2006, c 290, pt of §1]

[§371-35] Public meetings and public hearings. (a) State agencies to which this part applies shall not be required to translate meeting notices, agendas, or minutes.

(b) Subject to section 371-33, oral language services for public meetings or public hearings held by the legislature shall be provided if requested at least forty-eight hours in advance of the meeting or hearing. Where the notice of any public meeting or public hearing is posted less than forty-eight hours in advance of the meeting or hearing, oral language services shall be provided if requested at least twenty-four hours in advance of the meeting or hearing. [L 2006, c 290, pt of § 1]

[§371-36] Executive director of the office of language access; duties. There is established within the department of labor and industrial relations, for administrative purposes only, an office of language access. The head of the office shall be known as the executive director of the office of language access, hereinafter referred to as executive director. The executive director shall be appointed by the governor without regard to chapter 76. The executive director shall:

- (1) Provide oversight, central coordination, and technical assistance to state agencies in their implementation of language access requirements under this part or under any other law, regulation, or guidance;
- (2) Provide technical assistance to covered entities in their implementation of this part;
- (3) Review and monitor each state agency's language access plan for compliance with this part;
- (4) Where reasonable access is not provided, endeavor to eliminate the barrier using informal methods such as conference, conciliation, mediation, or persuasion. Where the language access barrier cannot be eliminated by informal methods, the executive director shall submit a written report with the executive director's opinion and recommendation to the state agency or the covered entity. The executive director may request the state agency or the covered entity to notify the executive director, within a specified time, of any action taken on the executive director's recommendation;
- (5) Consult with language access coordinators, the language access advisory council, and department directors or their equivalent;
- (6) Subject to section 371-33, create, distribute to the State, and make available to covered entities multilingual signage in the more frequently encountered languages in the State, and other languages as needed, informing individuals of their right to free oral language services and inviting them to identify themselves as persons needing services; and
- (7) Adopt rules pursuant to chapter 91 to address the language needs of limited English proficient persons. [L 2006, c 290, pt of § 1]

[§371-37] Language access advisory council. (a) There is established the language access advisory council within the department of labor and industrial relations for administrative purposes. The council shall consist of the following members to be appointed by the governor:

- (1) One representative from the state government;
- (2) One representative from a covered entity;
- (3) One bilingual case management worker, or an individual who is or has been employed by a state-funded immigrant service agency or program;

(4) One representative of an advocacy organization that provides services to limited English proficient persons;

(5) One member from the limited English proficient population who has an interest in the provision of oral language services;

(6) One representative of the University of Hawaii department of language and linguistics who provides professional training in interpretation and translation;

(7) One representative of a Hawaiian language advocacy organization;

(8) One representative of a professional interpreter's organization;

(9) One representative of a bilingual referral service or program;

(10) The executive director of the Hawaii civil rights commission or authorized representative; and

(11) The executive director, as ex-officio member.

(b) Members shall be appointed in accordance with section 26-34. The terms of the members shall be for four years; provided that the governor may reduce the terms of those initially appointed so as to provide, as nearly as can be, for the expiration of an equal number of terms at intervals of one year. The council shall select one of its members to serve as chair. No member of the council shall receive any compensation for council services, but shall be allowed necessary expenses for travel, board, and lodging incurred in the performance of council duties.

(c) The language access advisory council shall serve in an advisory capacity to the executive director, providing input on:

(1) Implementation and compliance with this part;

(2) The quality of oral and written language services provided under this [part]; and

(3) The adequacy of a state agency or covered entity's dissemination and training of its employees likely to have contact with limited or no-English proficient persons, its policies and procedures for language services, its competency in working effectively with in-person and telephone interpreters, and its understanding of the dynamics of interpretation between clients, providers, and interpreters. [L 2006, c 290, pt of §1]

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Copied into one document for convenience from the following seven weblinks:

http://capitol.hawaii.gov/hrscurrent/Vol07_Ch0346-0398/HRS0371/HRS_0371-0031.htm

http://capitol.hawaii.gov/hrscurrent/Vol07_Ch0346-0398/HRS0371/hrs_0371-0032.htm

http://capitol.hawaii.gov/hrscurrent/Vol07_Ch0346-0398/HRS0371/HRS_0371-0033.htm

http://capitol.hawaii.gov/hrscurrent/Vol07_Ch0346-0398/HRS0371/HRS_0371-0034.htm

http://capitol.hawaii.gov/hrscurrent/Vol07_Ch0346-0398/HRS0371/HRS_0371-0035.htm

http://capitol.hawaii.gov/hrscurrent/Vol07_Ch0346-0398/HRS0371/hrs_0371-0036.htm

http://capitol.hawaii.gov/hrscurrent/Vol07_Ch0346-0398/HRS0371/hrs_0371-0037.htm

Enacted July 10, 2006, as Act 290, Session Laws of Hawaii, Regular Session of 2006

Notes from **Legal Issues for Managers** (Essential Skills for Avoiding Your Day in Court) by Deblieux, Mike for AMI How to series (1997) ISBN 1-884926-49-5 gw 12/06

<u>Cost of Lawsuits:</u>	time, lost productivity, attorneys' fees, court costs; Personal, emotional and physical health costs
<u>Supervisors/Managers</u>	walk the talk—clear, fair consistent example of fairness; show that you (the organization) cares
<u>Grievance/complaint Procedures</u>	your role as supervisor—ultimately responsible Personnel advisor—interpretations
<u>CRA</u> (1964) (1972) (1972) (1978) (1991)	Private sector and labor unions; State & local governments Equal Employment Opportunity Act expanded EEOC authority –allows it to file suit in fed. Courts against ers Pregnancy Discrimination Act (pregnancy, childbirth or related medical conditions.) Allows jury trials; punitive and compensatory damages
<u>Liability</u>	Supervisors can be sued and be held personally liable for discrimination - disparate treatment - disparate impact - retaliation
<u>Harassment and Sexual harassment</u>	verbal, physical and visual intentional or unintentional disturb, torment or pester persistently unwelcomed and unreasonable avoid epithets and/or slurs (label or stereotype people) avoid laughing at offensive or vulgar jokes take sexual harassment claims seriously conduct prompt and thorough investigation -totality of the circumstances -reasonableness -hostility implement timely and effective corrective action to eliminate harassment
<u>Types of sexual harassment</u>	quid pro quo---strictly liable (no excuse) Environmental (unreasonable interference with work --intimidating, hostile, or offensive)

Prevention

written policy—take it seriously and enforce it carefully
train employees and supervisors to identify and avoid
inappropriate behaviors (provide examples)
avoid saying or doing anything open to misinterpretation
be sympathetic and open to complaints and concerns
support open investigations
take appropriate disciplinary action

Avoidance

Training

inappropriate verbal contact (words or sounds)
personal excuses
Inappropriate touching

Positive Power

Expected behaviors
Unexpected behaviors
Training on harassment, sexual harassment, cultural and sexual
diversity, interpersonal communication; how to use the grievance
procedure and other related topics. Also test at conclusion and
low scores refer for additional training.

Help for

Supervisors to

Avoid legal problems

- Set personal example with the language you use
- Avoid unnecessary touching
- Take immediate steps to remove pictures, posters, cartoons, drawings and other visual cues that may degrade or offend others
- Do not date people with whom you work—no suggestive remarks relative to dating
- Set high standards of behavior (words and actions)
- Take complaints seriously

Recruiting and Hiring

- Before beginning process of filling a vacant position, write out the job duties you will want the new employee to perform.
- Work with HR to define qualifications needed to do the job successfully
- Plan your interviews—job-related questions only
- Work with HR conduct job-related reference check
- Give frequent, honest and objective feedback

Follow up (Are job openings available in audio format as well as print?) ADA (voice recorded and TDD)

Dates attended school (ADEA—67)

Driver's license no---valid form of ID yes

ADA (90) This job involves.....can you, with or without accommodation, perform these duties.....

CR (64) do not need to know religious beliefs or affiliation

Performance, discipline and at-will employment

- Review policy and practices on layoffs and RIFs
- Address performance and rule-violation problems each time they occur
- Write and present performance reviews before they are due
- Plan to keep promises and follow through as needed

When an employee is performing poorly; be able to show that:

- EE knew what was expected
- You notified EE of your concern in timely manner
- You explained what EE needed to do to correct problem
- You explained to EE that failure to correct problem would result in disciplinary action up to and including termination

Progressive Discipline

- Training
- Counseling
- Oral Warning (Facts, Objectives, Solutions, Actions)
- Written Warning ditto
- Last-Step Option
- Termination

Compensation

- Follow organizational guidelines in pay decisions
- Require nonexempt employees to record their work time
- Set an example for NE EE (don't take advantage of your exempt status)

(Compensatory Time—This may be granted by **public-sector** employers only if it is given at the rate of time and one-half the number of hours of work. Public-sector employees may accrue up to 240 hours of comp time.

Private Sector—comp time is not permitted for nonexempt employees—must pay for all hours worked.

Penalties—Failure to comply with FLSA—liable for up to 2 times back pay owed employee. FLSA also carries criminal penalties and requires ER who loses a claim to pay ee attorney fees (This applies to entire payroll—not just individual complainant.)

ADA (1990)

- Applies to hiring, firing, benefits etc.....
- Disability—substantially limits one or more major life activities (current)
- Record of an impairment that substantially limits
- Regarded as having an impairment (perceived disability)
 - carefully define job (essential functions)
 - do not give significant weight to nonessential functions

Supervisors can: Ask for a presentation on ADA for department; review job descriptions for job relatedness from the perspective of ADA (**Remove language that requires employees to be totally free of a disability when a reasonable accommodation could be made.**); ask HR to explain policy for helping or working with employees who become disabled.

Affirmative Action Executive Order 11246 (1965)

(government contractors with 50 or more employees or contracts or subcontracts for more than \$50,000 in federal government business)

Includes and not limited to state and local governments.

Requires that ER **take positive steps** to invite minorities and women to participate as full members of the workplace:

- Study availability of minorities and women in the community
- Compare workforce at all levels of organization to the availability of qualified minorities and women in the community
- Work to balance makeup of workforce with availability of qualified minorities and women in the community
- Ensure employment openings are well-publicized in the community in a way that makes them available to potential minority and female candidates
- Ensure employment policies and practices do not create discriminatory practices.

OFCCP , DOL, responsible for audits and compliance

Goal: Have employers reach out to the community to seek and include women and minorities in the workplace.
(increases diversity of labor pool)

Penalties—Stop funds, pull agreements, future list elimination; refer to Justice Department to file federal lawsuit against ER

FMLA (1993)

- BIRTH, ADOPTION OR FOSTER CARE PLACEMENT
- EE'S OWN SERIOUS ILLNESS
- SERIOUS ILLNESS OF PARENT, CHILD OR SPOUSE

(Up to 12 weeks in 12 months after 1250 hours of work in the 12 months before the leave.)

- Rights--- to be notified---to same or similar position

COBRA allows continuation of group health insurance after employment ends up to 18 months
-must elect within 60 days
-beneficiary eligible up to 36 months
Notify HR; Notify EE of rights

Drug-Free Workplace (1988)

-drug testing—privacy issues—usually controlled by state law—pre-employment testing acceptable in most states; random testing—ok in fewer states—reasonable suspicion acceptable in some states.
-certify drug-free workplace
-plan to ensure drug-free workplace
(must include elements such as ee education, establishing compliance with program as condition of employment and taking appropriate disciplinary action against employees who violate the policy.)

Supervisors—check with HR and/or Attorney before requiring a drug test—objective job-related reason.

IRCA (Immigration Reform and Control ACT (1986)

-proof of eligibility to work in US
-penalties for hiring, referring, recruiting or retaining those not authorized to work in US I-9

NLRA (1935)

- Supervisors never handle or inquire about union card
- Don't try to talk employees out of union
- Notify HR of rumors
- Do not threaten or intimidate, make promises or spy

WORKPLACE VIOLENCE

OSHA -holds ers responsible for providing safe workplace even when there are no regulations for ers to follow WV falls here.
Supervisors -special care to survey workplace to ensure reasonable efforts taken to minimize risk of violence (ie...doors and entrances properly

secured, name tags, visitor logs and other access-control steps; reference and background checks on new employees.

- Train supervisors and employees to recognize employee, customer and visitor behaviors that may signal potential violence

- Refer to EAP troubled employees for professional assistance

- All must understand that threats and intimidation will be viewed as a serious matter and meet with serious disciplinary action up to and including termination.

Polygraph Protection Act (1988)

- Supervisors may not discipline, discharge, or discriminate against an employee or job applicant who refuses to take a lie-detector test.

State and Local Laws (such as smoking bans) need to be considered also.

Post notices required by most federal laws—explaining that employer is covered by the law. Criminal penalties in some cases. (visible and up to date in all work locations.)

Orientation/Training/Materials Confirmation

I, _____, have reviewed and understand materials relative to provisions for Limited English Proficiency (LEP) and understand what procedures and processes to follow when encountering individuals who self-identify as requiring language access services, including and not limited to, oral interpreter services, written translations, ASL interpretations, large print and/or other aids for seeing and hearing impaired individuals, or any other assistive devices that might be needed by persons with self-identified disabilities.

Or

I, _____, have reviewed the materials and have the following specific questions. I can be reached at:

_____ or _____
E-mail Phone

Question #1:

Question #2:

Question #3:

Please complete, review, sign, date and return to: gwatts@dhs.hawaii.gov

Signature Date

STARTER CHECKLIST

FOR DHS SUPERVISORS

- ___ Review 4.10.1 Discrimination Complaint Procedure (Updated 2007)
- ___ Review 4.10.2 Harassment (Updated 2007)
- ___ Review 4.10.3 Opportunity to Participate in Programs, Services and Activities (Updated 2007)
- ___ Request forms/posters/assistance/guidance, as needed 586-4955
- ___ Develop/follow a self-evaluation checklist for building access
- ___ Review orientation/training materials, complete and sign confirmation form
- ___ Clarify your rights and responsibilities
- ___ Clarify your employees/clients rights and responsibilities
- ___ Obtain MOST CURRENT (September 2007) Employee Interpreter List
- ___ Obtain MOST CURRENT court interpreter list
- ___ Share lists and procedures with employees who have contact with public
- ___ Check your contracts and subcontracts for appropriate assurances
- ___ Use the 4-factor analysis to determine which, if any, Program documents need to be translated into languages other than English
(4-factor analysis = Number, frequency, importance, and reasonableness)
- ___ Provide self-identification forms to employees and clients
- ___ Collect information from current DHS employees relative to language skills
- ___ Monitor to make sure data is collected to identify language needs
- ___ Monitor to confirm that clients, applicants and potential applicants are:
 - ___ Given adequate and correct information
 - ___ Understanding of what services and benefits are available
 - ___ Effectively communicating relevant circumstances of their situation
- ___ Monitor to confirm that clients, applicants and potential applicants for services:
 - ___ Are provided free interpreter services as self-identified/needed
 - ___ Avoid using family members as interpreters
 - ___ In suspected child abuse or domestic violence cases, provide a second interpreter if family member must be used
 - ___ Never allow a minor to provide interpreter services
 - ___ If a client or applicant declines free interpreter service, record the decline and reasons given.
 - ___ Are advised in writing that they have the right to file an alleged discrimination complaint concurrently with appropriate entities
 - ___ Are provided complaint forms for filing discrimination allegations
 - Discrimination Complaint and instructions (DHS 9004, 6/2007)
 - Consent/Release Form (DHS 9006, 6/2007)
 - Complaint Withdrawal Form (DHS 9007, 6/2007)
- ___ Notify CRCS of any Building/facility access issues (doors, elevators, restrooms, disability evacuation issues) gwatts@dhs.hawaii.gov
- ___ Provide employees, applicants and clients the opportunity to request a "reasonable accommodation" (RA-1 12/96)
- ___ Contact your Divisional LEP and Disability Access Task Force Representative/s when you need assistance or identify a problem
- ___ When participating in investigations (internal or external) be factual and specific, providing supporting documentation as requested

Remember this is a STARTER checklist and is not complete at this time. CRCS 09/07